Farrington Care Homes Limited

The Mayfield

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service:

The Mayfield is a residential care home that provides accommodation and personal care for up to 23 older people, some of whom are living with dementia.

At our last inspection of the Mayfield in September 2017 the home had failed to ensure that people's needs were always met. During this inspection we found that the registered manager had acted to address our concerns.

People's experience of using this service:

People and their family members told us they were happy with the care and support that they received. They spoke positively about their care workers and the home's manager.

The registered manager had carried out checks of safety and quality at the home and had acted to address any concerns arising from these. However, on the day of our inspection we saw that the home's kitchen's cupboards and work surfaces had not been recently cleaned. The home's laundry room which was used to store cleaning fluids and other potentially hazardous substances did not have a working lock. The registered manager took action to address these concerns during and immediately following our inspection.

Care and support was person centred and reflected people's individual needs. People's care plans and risk assessments had been reviewed regularly and updated where there were changes in their needs.

Staff members were knowledgeable about people's needs and how these should be supported. They understood their roles and responsibilities in ensuring that people were kept safe from harm or abuse.

Staff engaged with people in caring and considerate ways. They ensured that people's dignity and privacy was maintained sensitively.

People had been supported to make decisions about their care and support where they were able to do so. Information about people's capacity to make decisions had been recorded in their care files. Applications for authorisations under the Deprivation of Liberty Safeguards (DoLS) had been made to ensure that people were not unduly restricted in any way.

Staff at the home ensured that people were supported to engage in activities. These generally took place within the home but the registered manager told us that, during the summer months some people went out to local parks and other places of interest.

Staff had been safely recruited. The registered manager had carried out checks of their suitability to perform

their roles before they commenced work. Staff had received training in relation to their work when they started working. This was 'refreshed' on a regular basis. Staff had also received regular supervision from the registered manager to ensure that they were competent and effective in their roles.

People told us that they liked the food that they were offered and were able make alternative choices if they wanted something else.

Staff at the home supported people's cultural needs and preferences. Cultural information and food was provided to people and staff were able to interpret information for people where required.

The home liaised with other health and social care professionals to ensure that people's needs were met.

Rating at last inspection:
Requires Improvement. Report published 20 March 2018. The overall rating for the service has improved since our last inspection.

Why we inspected:
This was a planned comprehensive inspection.

Follow up:
We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was Safe. Details are in our Safe findings below	**Requires Improvement**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in out Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-led findings below.	**Good**

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

Service and service type:
The Mayfield is a 'care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Mayfield does not provide nursing care.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:
This was an unannounced comprehensive inspection which took place on 21 March 2019.

What we did:
Before the inspection we looked at information we held about the home. This information included any statutory notifications that the provider had sent to CQC. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this and all other information we had about the service to plan our inspection.

During the inspection we spoke with the registered manager, five care staff, a cook, seven people who lived

at the home and four family members. We also spoke briefly with a director from the provider organisation (Farrington Care).

We reviewed records which related to people's individual care and the management of the home. These records included the care files of seven people using the service, six staff records, and a range of quality monitoring records.

After the inspection the registered manager supplied us with information that included photographs and records of actions that they had taken during and following our inspection. We also spoke with a professional from a local authority social services team.

Requires Improvement

Is the service safe?

Our findings

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

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

Preventing and controlling infection
• The provider had received a rating of four (good) from a food safety inspection that had been carried out in January 2019. However, kitchen cupboards used for storage of foods and crockery had not been recently cleaned. A toaster and dishwasher and some work surfaces also required cleaning. We also found that some door handles and light switches had not been cleaned. Although we saw no there was no evidence that there was a long term failure to ensure that cleanliness was maintained, we discussed the importance of ensuring that daily cleaning took place. The registered manager told us that a staff member with responsibility for overseeing the cleaning had been away and the weekly health and safety monitoring check which would have identified these issues had not yet taken place. The registered manager said that they would ensure that all staff were reminded of their responsibilities in ensuring that cleanliness was maintained at all times as a matter of priority.
• We found that the home's laundry room did not have a working lock. The room contained cleaning fluids subject to the Control of Substance Hazardous to Health regulations 2002 which requires that hazardous substances, such as cleaning fluids are stored securely.
• The registered manager started to address these issues during our inspection. They subsequently provided information which confirmed that remedial actions had taken place on the day following our inspection. Kitchen cupboards had been cleaned and a daily cleaning rota had been put in place which was clear about the responsibilities of staff. A working lock had been placed on the laundry room door.
• We recommended that the frequency of quality assurance checks are increased to ensure that daily cleaning has been undertaken.
• Staff members had received training on infection control. We observed that staff used disposable gloves and aprons when providing care or serving food to people.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe living at the home. Family members said that they had no concerns about the safety of their relatives.
• The provider had policies and procedures in place to safeguard people from harm or abuse.
• Staff had received training on safeguarding adults. The understood their responsibilities in ensuring that people were protected from the risk of harm. They knew the importance of immediately reporting any suspicions of abuse or poor treatment.

Assessing risk, safety monitoring and management
• Personalised risk assessments had been developed for people living at the home. These had been reviewed regularly and updated when there were any changes to people's needs.
• People's risk assessments covered a range of identified needs, such as health, mobility, falls, skin integrity and nutrition. They included guidance for staff members on how to support people in ways which reduced

risk to people's safety and well-being.
• Where people required support with their mobility, we saw that staff provided this in a safe way. Equipment such as hoists for supporting people to transfer and the home's stair lift had been regularly serviced.
• Regular health and safety monitoring of the building had taken place. Inspection and servicing of fire equipment, gas and electrical safety and portable electrical appliances had been carried out.
• Staff had received fire safety training and regular fire drills had taken place. Personal emergency evacuation plans had been developed for people which provided information about the support they required should there be a need to evacuate the building in an emergency.

Staffing and recruitment
• Staff recruitment checks had been carried out to ensure that staff were suitable for the work they would be undertaking. These included reference and criminal records checks.
• People and family members told us that there were enough staff at the home to provide support when they required it. We observed that staff members responded promptly to call bells and people's requests. A person said, "Staff come quickly when I need them."
• The staffing rotas for the home showed that there were always five staff on shift during the day time, with three staff in the evenings and two at night. The rotas matched the staffing that we observed during our inspection.
• The registered manager also provided 'hands on' support when staff were busy or were required to take people out to appointments. The registered manager told us that staff would come in to work early or stay later if there was any need for additional staffing at any time.

Using medicines safely
• The provider had policies and procedures covering the safe administration of medicines.
• Staff had received training in medicines administration. The registered manager had carried out assessments of staff competency in administering medicines.
• 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. A register of controlled drugs was maintained and completed appropriately as required.
• Medicines were securely stored and daily monitoring records showed that they were maintained at safe temperatures.
• Weekly monitoring audits of medicines and medicines records had taken place. Stock counts of controlled drugs had been carried out each time they were administered.
• When staff members administered medicines to people they did so in a sensitive way, describing what the medicines were and offering water.

Learning lessons when things go wrong
• Staff had recorded accidents and incidents. The records of these showed that actions had been taken to reduce any further risk to people.
• The registered manager had taken action to reduce the risk of people falling. They and some staff members had attended training on falls management and acted as 'falls champions'. People's records showed that there were fewer incidents of falls since the training had taken place.

Good

Is the service effective?

Our findings

Effective – This means we looked for evidence that people's care, treatment and support achieved 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.
• At our previous inspection of the Mayfield we found that best interest decisions had not always been fully carried out or recorded for people who did not have capacity to consent to care and treatment. The provider had acted to address this failure. 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.
• 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. For example, a person who was able to make decisions with support about what they wished to wear and eat, was not able to understand risks to their safety if they tried to mobilise independently.
• Up to date DoLS authorisations were in place for the people who lived at the home. These were not subject to any restrictions.

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. One person told us that they had been involved in their care plan reviews.
• 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.
• People told us that they made choices in their daily lives and that their care and support was provided in ways that they preferred. One person said, "I choose when I get up and go to bed and what I have to eat." They showed us their room and described how they had chosen the colour scheme and furnishings.
• We observed that staff offered choices to people, for example, in relation to their meals and their activities.
• 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 were registered for the Care Certificate which is a nationally recognised learning standard for staff working in health and social care services. Staff training records showed that staff had completed or were in the process of completing the Care Certificate.
• 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, dementia awareness and Parkinson's awareness.
• Staff told us they felt well supported. 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 care and support needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they enjoyed the food at the home. They told us that they were offered choices about what they wanted to eat and drink. One person said, "They come around about an hour before meals and tell us what is on the menu. If I want something else they will make it for me."
• People were supported to eat a healthy diet. Regular meals were provided along with drinks and snacks that were offered to people throughout the day.
• Meals were prepared according to people's cultural and religious preferences. There were a number of Asian people living at the home and one of the two cooks specialised in Asian vegetarian food.
• People's weights were closely monitored, and staff had sought support from medical professionals where there were significant weight gains or losses. For example, when a person lost weight and demonstrated difficulties swallowing, referrals had been made to a speech and language therapist and community dietician. The person had been placed on a high calorie diet of soft foods and had subsequently gained weight. For other people with poor appetites, food supplements had been prescribed. People's nutritional records showed that these were given in accordance with their individual prescriptions.

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 and effective.
• Other professionals and services had been involved in developing needs assessments before people came to live at the home to ensure that there was continuity of care.
• Staff liaised with clinical staff when people were admitted to hospital and prior to discharge to ensure that arrangements were in place to support their rehabilitation.
• 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.

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 are 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. New, non-slip flooring had been laid to the main communal areas and some bedrooms. The majority of shared bathrooms had been refurbished with the installation of wet rooms and new shower chairs and grab rails. The communal lounge and dining area and some people's bedrooms had also been redecorated. The registered manager and director told us further redecoration and refurbishment was planned. We saw an improvement schedule

with target completion dates for works. For example, refurbishment of all bathrooms to be completed by May 2019.
• The registered manager told us that the improvements would include work to create a dementia friendly environment, to include improvements such as better signage, improved lighting and brighter colours. The said that they would be seeking advice and guidance from specialist organisations and professionals to achieve this.

Supporting people to live healthier lives, access healthcare services and support
• People's care records showed that referrals had been made to their GP or other healthcare professionals where there had been any concerns about their health.
• People's care plans included guidance provided by health professionals, for example, nutritional guidance and information in relation to supporting a person with diabetes.
• Staff had recorded health care appointments had been recorded along with the outcomes of these.
• People had been supported to have regular checks with, for example, opticians, dentists and chiropodists.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence 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; respecting equality and diversity
• People told us that staff treated them with kindness and respect. One person said, "Staff are very polite and they will chat with me about all sorts of things." A family member said, "[Relative] is looked after well. Staff are pleasant."
• There was a relaxed and friendly atmosphere at the home. Staff members chatted with people about topics of interest and encouraged them to engage in activities. We observed a person calling for a staff member by name, and when they went to see them, the person gave the staff member a hug.
• Staff spoke positively about the people they supported. They told us that they supported people to ensure that their needs were met according to their individual preferences and cultural needs. We observed staff members communicating with people in their first language where they had difficulties in understanding English. A person told us that a faith representative visited the home and that they appreciated this.

Supporting people to express their views and be involved in making decisions about their care
• People told us that they had been involved in making decisions about their care and support. Family members said that they had supported people's decision making where they were unable to make some choices for themselves.
• People and their family members were involved in reviews of their care plans.
• Regular resident and relative meetings had taken place and the records of these showed that they were well attended. A range of issues had been discussed at these meetings including changes to the service, activities, food and menus and the home's complaints procedure. The records of the meetings showed that people and their family members had been provided with opportunities to express their views.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. People could walk around within the premises without restriction. We observed staff members knocking on the doors of people who were in their rooms and asking for consent to enter.
• Staff were discreet when supporting people with personal care and ensured that this was undertaken privately. People and family members told us that privacy was respected.
• The provider had policies and procedures on confidentiality and data protection. People's personal information was securely stored. Staff members understood the importance of ensuring that people's confidentiality was maintained.
• People were supported to maintain their relationships. Family members told us that they felt welcome at the home and were given space and privacy to spend time with their relatives.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• At our last inspection of The Mayfield we found that people's care plans had not always been updated to include information about changes in their support needs. The registered manager had acted to address this failure.
• People's care plans were person centred and included information about people's current needs. They had been reviewed regularly and updated when there were any changes in needs. Staff were provided with guidance on the support that people required and how to give this in accordance with their needs and preferences. People's support plans included guidance provided by specialists such as speech and language therapists, community dietitians, physiotherapists and mental health services.
• Staff maintained daily records of people's care and support. These showed that the guidance included in people's care plans was being followed. For example, a person's nutritional records showed that dietary guidance was followed and the person's weight had improved. An exercise plan for another person was being implemented to enable them to maintain mobility.
• Information about people's cultural needs was contained within their care plans. Their care records showed that these were being addressed. For example, through support from staff able to communicate in a first language and provision of foods from the people's culture. A faith representative visited the home regularly and people appreciated this. One person had been supported to attend a local place of worship.
• People's care plans included information about their communication needs. The home had recruited staff members who were able to communicate with people in their preferred language. We observed that staff engaged with a person who had limited verbal communication in ways that the responded to positively.
• We spoke with the registered about producing information in other formats in accordance with the Accessible Information Standard (AIS). The AIS provides a standard for health and social care services to make sure that people have information made available to them that they can access and understand. A number of people at the home spoke Guajarati and information such as the home's service user guide and complaints procedure had been translated for them. We observed that staff translated information for people where they were unable to read information such as the daily menu. The registered manager told us that he would be looking at providing information in easy to read formats where people may require this.
• The home had an activity programme and the registered manager told us that, if there was no planned activity on any day, staff would try to organise spontaneous activities depending on people's interests. On the afternoon of our visit staff engaged people in a seated ball game. Although some people chose not to actively participate, we observed that staff members chatted and joked with everyone in the room throughout the activity.
• The home's activity programme included activities such as bingo, seated exercises and arts and crafts. Daily newspapers were provided, and the registered manager told us that a weekly Guajarati language paper was also supplied. We saw photographs of people enjoying birthday parties, barbecues and festival celebrations. There was a regular visit from a musician and students from a local school visited weekly to

engage people in conversation and reminiscence. A person said, "I quite like the music man but I'm not always that interested in the activities. I join in because I like the sociability." The registered manager told us that most of the activities took place within the home, but shopping trips and visits to a local lido had taken place during the summer. They said that more outings would be arranged during the coming summer months.
• The provider had installed smart televisions in people's rooms and we saw that these were switched on to preferred channels, including Asian television channels. One person told us that they appreciated their new television as they could watch movies of their choice.

Improving care quality in response to complaints or concerns
• People and family members told us that they knew how to complain. One person said, "If I have any problems I'll tell the manager." A family member said, "No complaints, but if I did I would speak with the manager. I'm sure he'll get things done."
• The home's complaints procedure was displayed on a notice board in the reception area and a copy was provided to people when they moved to the home. A Gujurati language version had been developed for people who did not read English. People were reminded about how to complain at the home's regular resident and relative meetings.
• The home maintained a record of complaints. Three complaints had been received during the past year. Immediate actions had been taken to resolve people's concerns.

End of life care and support
• People were supported to remain at the home at the end of their life. The registered manager told us that, unless people needed to go to a hospital or nursing home, they made every effort to support people at the home where this was their wish.
• Staff had received training on end of life care. Information about end of life preferences was included in some people's care plans. The registered manager told us that some people or their families did not always wish to discuss arrangements and support at the end of life and, where this was the case, a record had been made in people's files.
• Information about people's wishes in relation to resuscitation was recorded in people's files. This had been agreed with health professionals. Where people did not have capacity to discuss or understand this, other professionals and family members had been involved in supporting end of life decisions.

Good

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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• At our last inspection of The Mayfield we found that the home's quality assurance systems had not always identified and responded to failures in the recording and actions in relation to people's care needs. At this inspection we saw that people's care records were up to date and included information that showed that their current care and support needs were supported by staff.

• The provider had systems in place to monitor the provision of care and safety at the home. Regular checks had been carried out. Immediate action had been taken to address issues and concerns following quality checks. For example, records had been updated and improved and maintenance issues had been addressed.

• During this inspection we found that there were issues in relation to the cleanliness of the kitchen and the absence of a working lock on the laundry room door. The registered manager took immediate action to address our concerns. They advised us that their weekly health and safety monitoring check which would have identified these issues had not yet taken place. They told us that they would ensure that the frequency of checks in relation to cleanliness and maintenance would be increased. and that staff members were immediately reminded of their roles and responsibilities in ensuring that the home was clean and safe at all times. Immediately following our inspection the registered manager provided us with evidence that they had taken action to address these concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• People, family members and staff spoke highly of the support that was provided and of the registered manager's leadership. One person said, "I like [registered manager]. He is very good. A family member told us, "The manager understands. I have a good relationship with him."

• Staff spoke positively about the management of the home. A staff member said, "I have been here for a while and it feels like a family. The manager is very supportive."

• The registered manager understood the importance of being open and transparent and had communicated with people, family members and local social services teams whenever there were any concerns about people's needs. They had provided CQC with notifications of incidents and occurrences in accordance with regulatory requirements.

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

• People and family members had been asked for their opinions about the home. A recent survey of people's views showed high levels of satisfaction with the care and support that was provided to them.
• People and family members told us that they were regularly asked for their views about any changes to the service. Regular residents and relatives meetings had taken place. People said that they had been consulted on recent redecorations and refurbishments to the home.
• People who spoke Gujurati were provided with information in their first language. The home's service user guide was provided in Gujurati. We observed staff interpreting information for people where they did not fully understand. The registered manager told us that information would be provided in other languages and formats if required.

Continuous learning and improving care
• Staff told us they had regular team meetings to discuss the quality of care and support provided to people. The records of the meetings showed that staff had raised issues and concerns and actions to address these had been agreed within the team.
• The registered manager had acted in response to the outcomes of local authority quality monitoring visits. The reports of these visits showed that improvements identified by the local authority had been made.
• The registered manager told us that they actively sought opportunities to improve staff learning and development. Staff had attended external training courses. The registered manager had recently completed a qualification in care home management.
• The home had signed up to a fall's champions scheme introduced by the local authority. The registered manager and staff had attended a falls champions course and had used their learning from this. As a result, the number of falls experienced by people living at the home had decreased.

Working in partnership with others
• The registered manager and staff had good working relationships with other health and social care professionals. The home's records showed that there was regular contact with local social services teams and health care professionals.
• Information about people's health care appointments and the outcomes of these was included in their care records.