

Ms Diane Langdon

# Mayfair Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 5 April 2018 and was unannounced.

Mayfair Residential home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Mayfair Residential Home is registered to accommodate up to 16 people. The home specialises in the care of people who have mental health needs. The home does not provide nursing care. At the time of the inspection there were 14 people living at the home.

At the last inspection of the home in May 2016 the service was rated Good. At this inspection we found that improvements were needed in a number of areas. The home has therefore been given an overall rating of Requires Improvement.

The provider is the registered manager for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection we found that people did not always receive safe care. Risk assessments regarding fire safety and people's individual care were not always up to date. Care plans were not comprehensive meaning staff did not have all the information they required to effectively support people and to ensure risks were minimised.

Although the provider had some systems to assess and monitor the service these had not been effective in ensuring people received a consistently good standard of care and support. The provider had taken action to address issues raised by outside professionals, but their internal monitoring had not identified the shortfalls. Some repair and refurbishment to the building had not been identified and rectified in a timely manner to maintain people's safety and comfort. Staff had not received up to date training which would help to make sure the care provided was in accordance with up to date best practice guidance and legislation.

Although the majority of people were able to occupy themselves, there were limited opportunities for meaningful occupation for people who required staff support in this area. One person told us, "It would be nice if they could organise some trips, especially when the weather is nice."

The provider was working in partnership with other professionals to ensure improvements were made at the home. Full reviews of people's care and support needs had been carried out. New care and support plans and risk assessments were being put in place to make sure people's up to date needs were met.

People told us they were happy at the home and felt safe. One person told us, "I feel safe. The staff look after me." Another person said, "I can't cope with things but I feel safe here."

The provider had systems to minimise the risk of abuse to people. These included a robust recruitment process and training for staff. People told us they would be comfortable to talk with staff about any worries regarding their health or their care.

People we spoke with said they were happy with the meals provided and there was always a choice of food. People were able to make hot and cold drinks throughout the day.

People were cared for by staff who treated them as individuals and respected their lifestyle choices. People were able to follow their own daily routines and staff were available when people requested support.

People were fully involved in all decisions about their care and support and were able to refuse support if they chose to. Where people lacked the mental capacity to make certain decisions the staff acted in their best interests in consultation with other professionals.

People who felt confident to access community facilities without staff support were able to do so. One person said, "I'm free to come and go as I please, everyone here is." Another person said, "I like it here. I can go out when I want to, I don't need permission."

People received their medicines safely. Clear records were kept showing when medicines had been administered or refused enabling the effectiveness of medicines to be monitored.

We found that people were not always supported in having information provided to them in a format they could understand in line with the Accessible Information Standard. We have made a recommendation to the provider in relation to this.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Further information is in the detailed findings below.

## 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

Improvements were needed to make sure risks to people were identified and minimised.

People received their medicines safely from staff who had received specific training.

People were supported by sufficient numbers of staff.

### Is the service effective?

**Requires Improvement** ●

The service was not totally effective.

Improvements were needed to ensure the building provided a safe and homely environment for people.

People were cared for by staff who knew them well but had not always received up to date training.

People were happy with the food served at the home.

### Is the service caring?

**Good** ●

The service was caring.

People felt comfortable with staff and were able to talk about any worries or concerns.

People's privacy and independence were respected.

People were fully involved in decisions about their care and support.

### Is the service responsive?

**Requires Improvement** ●

The service was not fully responsive.

People who were unable to occupy their time had limited support to take part in meaningful occupation.

People said they would be comfortable to make a complaint, however the complaints procedure was not easily accessible to people.

**Is the service well-led?**

The service was not well led.

The provider did not have effective systems in place to assess and monitor the service provided to people.

People's records were not always comprehensive which meant staff did not have all the information they needed to appropriately support people.

People told us the management in the home was open and approachable.

**Requires Improvement** 

# Mayfair Residential Home

## **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 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.

This inspection took place on 5 April 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The inspection was prompted in part by concerns raised with us by the local authority. Issues highlighted to us were the general care and support provided to people and concerns about the safety and suitability of the building. These included some issues with fire safety and the heating and hot water system.

Before the inspection we looked at the information we held about the service, this included previous inspection reports and notifications of issues which providers are legal responsible for informing us about. We also met with representatives from the local authority to discuss their concerns.

During the inspection we spoke with 12 people who lived at the home and three members of staff. The provider was available throughout the day. During the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care plans, medication records and two staff personal files.

# Is the service safe?

## Our findings

Improvements were needed to make sure people received safe care and treatment.

A fire officer visited the home in February 2018 following concerns raised by representatives from the local authority. The fire officer made some recommendations regarding how fire safety could be improved. At the time of the inspection the provider had begun to undertake work to meet the recommendations. Some work had been carried out, such as replacing emergency lighting, removing obstacles from corridors, servicing the fire detection system and carrying out a fire drill.

Some recommendations however remained outstanding which could place people at risk. Staff had not received up to date training in fire safety and there were no personal emergency evacuation plans in place for individuals. Some people who had bedrooms on the first and second floor had poor mobility which meant they may not be able to use the stairs in the event of a fire and the lift not being in use. This meant there was a risk that people may not be safely evacuated in the event of a fire.

The provider gave evidence that fire training had been booked for all staff later in the month. The fire risk assessment for the building and personal emergency evacuation plans were in the process of being completed. The provider gave assurances these would be completed as a matter of urgency.

Risks to people's well-being were not always fully incorporated into people's care and support plans. This meant there was not always clear information for staff to follow to reduce risks. There were some risk assessments regarding people's individual care and support but these were not always linked to people's care plans. For example, one person had chosen not to be checked during the night. The risk assessment stated staff would periodically listen outside the door to ensure they could offer support if required. However the care plan regarding this person's night time needs did not mention they had chosen not to receive night time checks.

Risks that people may pose to themselves and others, due to their mental health needs, were not clearly recorded and did not give comprehensive information to staff. For example, there were no clear instructions for staff to follow if people became aggressive or if their behaviour had a negative impact on other people from the home. There were no care plans in place regarding people's moods or how to identify if a person may be a risk of harming themselves. This meant there were no measures in place to minimise risks to people's health and well-being.

There were no clear written indicators to assist staff to identify when people may be becoming unwell which would help to make sure people received professional support in a timely manner. However, most staff knew people well and were able to identify what situations may cause people to become anxious and were able to act accordingly.

The provider and deputy manager had been working in partnership with other professionals to review people's needs and to up-date care plans and risk assessments. At the time of this inspection this work was

on-going.

The lack of effective assessments to minimise risks to people's health and safety is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe at the home and with the staff who supported them. One person told us, "I feel safe. The staff look after me." Another person said, "I can't cope with things but I feel safe here." During the inspection people looked relaxed with the staff and the provider.

People said there were enough staff to support them in an unhurried manner. One person told us, "There's always staff when you want them." Another person said, "If I can't manage I can ask for help."

Risks of abuse to people were minimised because the provider has systems in place which helped to safeguard people. Staff had received training in how to recognise and report concerns about abuse. There was a poster on the notice board giving contact details for how people could contact outside agencies if they felt unable to raise concerns within the home.

The recruitment processes in the home helped to ensure only suitable staff were employed. The provider sought references and Disclosure and Barring Service (DBS) checks before new staff began work. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personal files contained all required information to support safe recruitment practices.

People received their medicines safely in accordance with their needs. A recent medicines audit had highlighted that staff required up to date training. This had been provided by the home's dispensing pharmacist showing that the provider took action to address shortcomings.

No one at the home self-administered their medicines. One person told us, "I think I could do it but I prefer not to." Medication administration records were signed to state when medicines had been administered or refused.

Following a medication error at the home, practice had been changed and all medicines were administered by two members of staff. This showed that lessons had been learnt and changes had been made to minimise the risk of further errors.

Some people were prescribed medicines on an 'as required' basis and most people were able to state when they required these. Protocols in place stated that these medicines should be administered when people requested them. However in one instance we saw a medicine was prescribed on an 'as required' basis and there was no information to determine when this should be given. The provider gave assurances that a protocol would be put in place for this person.

During the inspection we saw medicines were safely administered and signed for after people had accepted them. We heard people being offered 'as required' medicines and staff respected people's decisions about whether to take these medicines.

Some areas of the building were in need of deep cleaning and redecoration to make sure all risks of the spread of infection were reduced. The home's cleaning staff had recently left and another person had been appointed but had not begun work at the time of the inspection. We saw that staff wore personal protective equipment, such as disposable gloves, when required.



## Is the service effective?

### Our findings

Improvements were needed to ensure the building was well maintained. Some areas required redecoration or refurbishment. The provider had identified areas for redecoration and repair and outside contractors were carrying out this work. Some bedrooms and en-suite facilities required refurbishment to make sure they were fully functioning and hygienic.

People we spoke with were happy with the accommodation provided. One person said, "I would like to stay here indefinitely, I really would. I love my room." Another person told us, "I have a nice room with everything I need." One person said they did not use the shower in their en-suite because they found it difficult to stand for any length of time. They said they used the communal shower and commented, "I can sit down in the big shower. It's very relaxing."

Improvements were also needed to make sure staff had the skills and knowledge needed to effectively support people. People were supported by staff who knew them well but had not always received up to date training. The provider had recently carried out an audit of staff training and was in the process of sourcing appropriate training for all staff. This training would include a new induction programme in line with the care certificate. Up to date training would help to ensure that staff were caring for people in accordance with current best practice guidelines and legislation.

One person told us, "They [staff] are good here. Very informed." At one point in the day one person became verbally aggressive and threatening for reasons outside of the provider's control. Staff responded to this in a calm manner which meant the situation remained under control.

People had their needs assessed before they moved into the home. This was to make sure it was the right place for them to live. A number of people had lived at the home for a long time and, following concerns raised by the local authority, professionals had reviewed people's needs with them. The provider worked in partnership with other professionals to make sure changes in need were identified so that people continued to receive appropriate and effective care and support.

People were supported to access health services outside the home where necessary. Some people were able to make their own arrangements to attend appointments. One person said, "They [staff] make the appointments but I like to go on my own." Another person told us, "[Staff's name] took me to the doctors. I can't face it on my own. They're very supportive like that." On the day of the inspection a member of staff took one person to their doctor's surgery and another person went independently. Community nurses visited the home regularly to administer medicines to some people.

People had the mental capacity to give consent and make choices in most areas of their day to day life when they were well. One person said, "I'm free to come and go as I please, everyone here is." Another person said, "I like it here. I can go out when I want to, I don't need permission." Staff respected people's choices and lifestyles and acknowledged that people had the right to make decisions which others may consider unwise.

Staff had received training about the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One care plan showed a person's capacity to make a specific decision about health treatment had been assessed. They were found to lack the capacity to make the decision and other healthcare professionals had been involved in making a best interests decision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) No one living at the home had been assessed as requiring this level of restriction under the MCA. However in some instances people had restrictions placed on them under the Mental Health Act 1983. Staff were fully aware of the conditions in place for these people.

People we asked were happy with the food provided at the home. One person told us, "You can't fault the food. There's a choice of two meals and a roast dinner on a Sunday." Another person said, "Whatever I ask for they seem to provide." At lunch time we saw this person was provided with the meal they told us they had requested that day.

The staff sought advice from healthcare professionals if issues were identified with people's nutritional intake or weight. One person had been prescribed food supplements and these were regularly offered to the person. Records showed this person's weight was gradually increasing showing the supplements were having a positive effect.

People could choose to eat in the dining room, the lounge or their own room. We observed meals being served in the dining room and noted people were offered choices about what they ate and portion sizes.

There was a small kitchen area where people were able to make hot and cold drinks. People used this kitchen throughout the day to make drinks for themselves and others. One person said, "I come down to make a drink whenever I want one."

# Is the service caring?

## Our findings

People told us that the majority of staff were kind and caring. Comments included; "Staff help me and are kind" and "The staff here are all very nice to me." However two people mentioned a member of staff who they did not think was always kind. One person described a particular member of staff as "Very abrasive" and another said "She seems to shout at people." We reported this information to the provider who stated they would investigate this accusation further.

Throughout the inspection visit we observed staff to be kind and caring in their interactions with people. Staff spoke to people respectfully and acted in a friendly manner. One person said, "I'm happy, I like it here, happy home, nice home, friendly. I wouldn't want to be anywhere else."

People said they found it easy to talk to staff and were able to share any worries or anxieties about the home or their health. One person said, "It's good to talk. Other people don't know what you're feeling if you don't talk about it." Another person told us staff supported them when they felt nervous in particular situations. They told us about an event they had attended. They said, "I was nervous about it. But I was with a staff member so I didn't need to be nervous. I like Minehead a lot. People understand and help you."

Staff were non-judgemental about the way people chose to live their lives and respected people's privacy. One person chose not to allow staff or visitors into their room and staff respected this decision. This person told us they wished to maintain their privacy but accepted that there may be times when staff needed to enter their bedroom, "In the interests of health and safety."

People were encouraged to be independent and most people went out in the local community without staff support. One person said, "We are ideally placed for the shops and library." One person told us they felt uncomfortable going out on their own but staff were always happy to go out with them if they asked for support.

People were supported with personal care in accordance with their wishes. One person said, "They help me with a bath when I ask them." Some people did not look well-dressed or clean but staff told us some people chose not to be helped with personal care. Where people refused support, staff continued to offer assistance but respected people's decisions. A member of staff told us about one person who was extremely reluctant to accept help and said "Every now and again they accept our help and have a shower."

People were able to furnish and personalise their bedrooms in accordance with their tastes and wishes. One person told us they had bought all their own furniture with them which helped them to feel at home. Two other people showed us their rooms which they had personalised with ornaments and pictures.

Each person had a keyworker who took a special interest in them. One person told us how much they felt supported by their keyworker and said, "They do things especially for me." One person said they had changed their keyworker because they did not get on well with the member of staff who was originally allocated to them. They told us, "I will go out now I have a new person. I have a nice lady now." Some people

had formed friendships with other people who lived at the home and chose to spend time together at the home and in the local community.

People were fully involved in decisions about their care and support. At the time of the inspection the staff were in the process of changing the care and support plan format. The care plans that had been created in the new format showed people had been fully involved. One care plan was written in the words of the person and gave good information about how they wished to be supported. Another care plan stated that the person only wanted 'necessary information' recorded. This person told us, "They did the care plan with me. They have all the information they need."

## Is the service responsive?

### Our findings

Improvements were needed to make sure people who were not able to occupy their time had access to meaningful social stimulation and occupation. Some people chose to occupy themselves by going out to local cafes and shops. One person liked to knit and attended church social events. Another person told us they spent their time on the computer in their room. People who were unable to occupy their time had limited opportunities to take part in activities. One person told us, "It would be nice if they could organise some trips, especially when the weather is nice."

Although care and support plans were created with the full involvement of people they contained limited information about people's mental health needs or support. There was also a lack of information about people's hobbies or interests. This meant staff may not always have the information needed to help people to engage in social activities or occupation.

We discussed the lack of social opportunities with the provider. They informed us that one member of staff would now take responsibility for activities for people. We saw there was information on the notice board asking people for ideas about what activities and trips they would like to take part in. The provider had also begun to find out about local clubs and groups that people may be interested in.

Staff respected people's lifestyle choices which enabled people to follow their own routines. People were able to decide what time they got up, when they went to bed and how they spent their day. Staff said there were no strict routines in the home. We observed that people got up at whatever time they chose to and staff supported them with personal care when people requested it. One person said, "I never get up early. Nobody here minds."

There were set meal times but if people chose to eat at another time this could be accommodated. On the day of the inspection we saw people ate breakfast at various times but the majority of people chose to eat together in the dining room at lunch time. One person said, "I like to go down to meals. It's quite social and we have a bit of a chat." Another person said, "I never go to the dining room. I have an agreement with the cook that they plate up my meal and I collect it when I'm ready."

People were supported to follow their faith. On the day of the inspection a religious minister came to visit people who wished to meet with them. One person told us about the importance of their faith and said they attended a particular church in the town. Staff told us that at the present time they felt people's spiritual and religious needs were met by local services. They said if people had particular needs or wishes they would seek advice to enable them to meet those needs.

People said they would be comfortable to make a complaint if they were unhappy with any aspect of their care and support. One person told us, "I have no complaints but would complain if I needed to." Another person said, "I have raised a couple of things and they've been sorted out without any fuss." One person told us, "The nice thing here is staff listen and will help you anyway they can."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People did not routinely receive a copy of the complaints procedure or other information about the home. No consideration had been given in producing this information in a format that would benefit some people at the home. At the time of the inspection the complaints procedure was not prominently displayed. This meant that people may not have the information required to enable them to raise issues or make a complaint.

We recommend the provider undertakes a review of key documentation to ensure it is in a format tailored to meet the needs of people living at the home and following nationally published guidance and best practice.

## Is the service well-led?

### Our findings

Improvements were needed to the quality and monitoring systems to make sure they were carried out in a way that consistently identified shortfalls in the service. This would enable on-going improvements to be planned and actioned.

The provider had some monitoring systems in place but these were not being carried out effectively. This meant the provider had become reactive to issues identified by others rather than pro-active in highlighting and addressing issues promptly.

Risk assessments had not always been reviewed and up dated to make sure they helped to maintain people's safety. Care plans were not comprehensive and did not give staff clear guidelines to enable them to effectively support people. The lack of up to date and comprehensive care plans and risk assessments could potentially place people at risk of receiving inappropriate care.

Audits had not been consistently carried out to ensure people lived in a safe and pleasant environment. For example, audits of bedrooms had not been undertaken for several months. When an audit was carried out it highlighted a number of issues such as showers not working and redecoration needed. If audits had been consistently implemented many of these issues could have been addressed in a more timely manner.

The provider had not been pro-active in meeting the recommendations made by the fire officers. The fire risk assessment had not been reviewed or up dated and therefore had not identified where improvements were needed to ensure people's safety. Personal evacuation plans had not been fully completed to make sure people could be safely evacuated in an emergency.

People were not always cared for by staff who were well supervised and supported. Staff training was not up to date meaning that staff may not always be working in accordance with best practice guidelines or current legislation. Formal supervision for staff was inconsistent and therefore did not always identify or address areas which required additional training or support.

Whilst we acknowledge that processes, such as regular testing of the fire detection system and medication audits had been reinstated these needed to be embedded into the routines of the home. This would ensure that improvements made were sustainable.

The lack of effective systems and processes to assess, monitor and improve the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider for the service was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had owned and managed the home for a number of years and had a good knowledge of the people who lived there. They worked alongside care staff which enabled them to monitor day to day care. However the provider had not always kept their knowledge and skills up to date which had meant they had not always identified poor practice.

People lived in a home where the management were open and approachable. The registered manager was supported by a recently appointed deputy. Both were well known to people who lived at the home. One person said, "[Provider's name] is absolutely approachable. You could talk to her about anything."

The provider had begun working in partnership with other agencies to identify shortfalls in the service and people's care. They told us they were appreciative of the support they were receiving and committed to improving standards for people. They had also begun to find out about local clubs and groups which may be able to enhance people's social opportunities.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to effectively assess the risks to people's health and safety. Action had not been taken to mitigate risks</p> <p>Regulation 12 (1) (2) a, b, c, d,</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there were effective systems and processes to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (2) a, b, c</p>