Farrington Care Homes Limited

The Mayfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	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

Our inspection of The Mayfield took place on 4 and 11 September 2017. This was an unannounced inspection.

At our previous inspection of the service in on 22 July 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to need for consent and safe care and treatment. Following this inspection the provider sent us a plan which set out the actions that they were planning to take to address these. During this inspection we found that the provider had taken steps to improve the service in order to meet the requirements identified at the previous inspection.

The Mayfield is a care home situated in Kenton which is registered to provide accommodation and personal care to up to 23 older people. At the time of our inspection there were no vacancies. The majority of people at the home were living with dementia.

There was a registered manager in post. 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.

People who lived at the Mayfield told us that they felt safe. This view was confirmed by family members whom we spoke with.

Although the home was meeting some of the requirements of the Mental Capacity Act 2005 (MCA we found that they had not always followed MCA guidance and principles, Where bed rails were in place for people who were unable to give consent to this, there was no record that decisions had been taken in their best interests and that bedrails were the least restrictive option for them.

Bathrooms at the home had not been regularly maintained, creating a risk of infection. We found that some toilet seats and tiles were chipped or broken and there was an accumulation of dust in a communal bathroom,

The care plans for people living at the home were person centred and provided guidance for staff about how people wished to be supported. The plans were reviewed and updated regularly to ensure that they addressed people's current needs. However, we found that these reviews had not always identified where actions relating to people's care and support had failed to be carried out.
People living at the home had person centred and up to date risk assessments to ensure that they were kept safe from avoidable harm. The risk assessments contained detailed guidance for staff on managing risk to people. We saw that these were regularly reviewed. However, we found that some information in relation to management of risk was not easily accessible in people's care records.

The provider had put a range of processes in place to improve the quality of care provided to people living at The Mayfield. However, we found that these had not always identified or addressed issues in relation to ensuring that people were safe. Monthly reviews of care plans and risk assessments had not identified gaps. There was no system in place to ensure that changes in people's weights were fully recorded and actions taken where there were concerns. Maintenance and cleanliness issues in relation to bathrooms had not been identified nor dealt with.

Staff members had received training in ensuring that people were safe, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were not at risk of abuse and understood how to report and record any concerns that they had about people's well-being.

Checks had taken place as part of the staff recruitment process to ensure that staff were suitable for the work that they would be undertaking at the home. The staff who worked at the home received training which was 'refreshed' on a regular basis. All staff members received regular supervision from a manager. The staff members that spoke with were knowledgeable about their roles and responsibilities and told us that they felt well supported.

We looked at the support that was provided to people living at the home and found that were enough staff members on duty to meet their needs. Staff supported people in a caring and respectful way, and responded promptly to needs and requests. People who remained in their rooms for all or part of the day were regularly checked on.

There were arrangements in place to ensure that people's medicines were stored, managed and given to them appropriately. Staff members who were responsible for administering medicines had received appropriate training and we saw that regular competency checks were carried out.

People and their family members told us that staff were caring. We observed positive interactions between people and their care staff. We saw that people were offered choices and that their dignity and privacy was respected.

The home provided individual and group activities for people to participate in throughout the week. People's cultural and religious needs were supported by the service and a faith representative visited the home on a regular basis.

People told us that they liked the food at the home. The meals that were provided met individual health and cultural requirements. Alternatives were offered where people did not want what was on the menu. People appeared to enjoy their meals. Drinks and snacks were offered to people throughout the day.

There was a complaints procedure at the home. People and their family members that we spoke with knew how to complain if they had a problem with the service.

We found three 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 the report.

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. Bathrooms at the home had not been well maintained.

People's medicines were well managed.

Staff members understood how they should safeguard people and what they should do if they had concerns.

Is the service effective?

Requires Improvement

The service was not always effective. The principles of the Mental Capacity Act (2005) had not always been followed.

Staff members had received training to enable them to support the people with whom they worked.

People had choices of food at mealtimes, including culturally appropriate meals.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff.

Staff members spoke positively about the people whom they supported, and we saw that interactions between staff members and people who lived at the home were caring and respectful.

People's religious and cultural needs were respected and supported.

Is the service responsive?

Requires Improvement

The service was not always responsive. Actions for a person which had been identified by a physiotherapist had not been carried out.

People were supported to participate in individual and group activities at the home.

The home had a complaints procedure and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The home was not always well led. Quality assurance processes had not always identified issues in relation to care and maintenance impacting on infection control.

The manager was approachable and available to people who lived at the home, staff members and visitors.

People, their family members and staff members told us that they felt that the home was well managed.

The Mayfield

Detailed findings

Background to this inspection

This inspection was unannounced and took place on 4 September 2017. The inspection team consisted of 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. We returned on 11 September 2017 to complete our inspection.

Before the inspection the provider had completed a Provider Information Record (PIR). This is a form that asks the provider for key information about the service, what the service does well, and what improvements they plan to make. We reviewed our other records about the service, including previous inspection reports, statutory notifications and enquiries. Following our inspection we spoke with a representative of a local authority that places people at the home.

During our visit we spoke with five people who lived at The Mayfield. A number of people living at the home were unable to communicate effectively with us due to their dementia. We spent time observing care and support being delivered in the main communal areas, including interactions between care staff and people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four family members who were visiting the home. We also spoke with the registered manager and five staff members. We looked at records, which included six people's care records, five staff records, policies and procedures, training records, medicines records, and other documents relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People who lived at the Mayfield appeared happy and comfortable in their home. A family member said, "I think that [my relative] is very safe here. They have looked after her very well."

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At our previous inspection of the Mayfield in July 2016 we identified a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the administration of medicines..

At this inspection we saw that actions had been taken to address this breach. The MAR records for people were signed after medicines had been taken. We also saw that medicines were dispensed directly into clean pots from the 'blister pack' before being giving to people.

MAR records had been fully recorded and arrangements for storage, collection and disposal of medicines were in place. Medicines were administered by senior support workers who had received training to support them in this role. We saw records showing that observations of their competency in administering medicines had taken place.

We looked at infection control measures within the home. We found that staff members followed good practice in relation to infection control when supporting people with their care. Disposable aprons and gloves were used, for example, when undertaking personal care tasks, cleaning and providing food. Alcoholic hand rub was located in several areas of the home to minimise the risk of spread of infection. Guidance for good hand washing was displayed in bathrooms.

During the first day of our inspection on 4 September 2017 we looked at individual and communal toilet and bathroom facilities within the home. We found that two toilet seats were chipped and that there was broken tiling in one bathroom. We also found an accumulation of dust behind the pan in a downstairs communal toilet. Broken or chipped surfaces in bathroom areas, along with accumulation of dust, create a risk of infection for people. We pointed this out to the registered manager, and found that when we returned to the home on 11 September actions had been taken to correct these concerns.

Staffing rotas showed that there were sufficient numbers of staff available to support people throughout the day and night. We saw that staff members responded promptly to ensure that people were provided with the assistance they needed. There were enough staff to support people to take part in activities and to accompany people when needing support to take walks within the home. People that we spoke with told us that there were enough staff members to meet their needs. One person told us, "They always help me when I ask." A family member said, "They are very good at checking that my [relative] is alright and seeing to their needs."

We looked at the recruitment records of five members of staff. We found that application forms had been completed which included information about employment history. Two references had been obtained for each staff member along with information about their eligibility to work within the UK. Criminal record and barring checks had also been completed to establish that staff members were suitable for the work that they

were carrying out.

Risk assessments were in place for people covering risks related to, for example, mobility, personal care, behaviour, continence and diabetes. These included risk management plans which had been updated where there had been changes in people's conditions. However, guidance for staff on the management of risk was not always easy to access. For example, for one person, we found that the most recent risk management plans were placed behind earlier versions in their care file. One person's behavioural risk assessment gave guidance on managing behaviour that could create a challenge to staff and other people living at the home. However, there was no information on de-escalation of anxieties to reduce the likelihood of the behaviour developing. We subsequently found guidance in another part of the person's file but this was not referred to in the risk management plan. This meant that we could not be sure that staff members could easily access the most recent or relevant risk management guidance should they require it. We discussed this with the registered manager who told us that they would review people's files to ensure that current and relevant information could be more easily found.

Checks of equipment were carried out. Moving and handling equipment such as hoists were inspected and serviced regularly in accordance with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

Temperatures of fridges and freezers, hot food, hot water and the storage of medicines were monitored on a daily basis. The home had been inspected by food hygiene officers during January 2017 and had received a five star rating of very good.

Fire action guidance was displayed and we saw that fire safety equipment was regularly serviced. Fire drills were carried out regularly and personalised emergency evacuation plans were in place for people.

Accident and incident records were well maintained and showed that appropriate actions to address concerns had been put in place. The provider maintained an out of hours emergency contact service and staff members we spoke with were aware of this.

Requires Improvement

Is the service effective?

Our findings

People felt that the home was effective. One person said, "They seem to know what they are doing. I think they do an excellent job." A family member told us, "They have helped my [relative] and another person to be more independent."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection of The Mayfield in July 2016 we had found that the home was in breach Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) 2014 in relation to the MCA.

During this inspection we found that authorisations had been received from the relevant local authority team in relation to DoLS restrictions in place for people who were under continuous supervision and unable to leave the home unaccompanied due to risks associated with lack of capacity to make decisions. Staff members had received training in MCA and DoLS. Assessments of people's capacity to make decisions were in place.

The key principles supporting the MCA include the need to demonstrate that decisions or restrictions are made in people's best interests, and that any actions taken to keep people safe are the least restrictive possible for the person. We looked at the care records for two people for whom bedrails had been put in place where they did not have capacity to agree to this decision. We asked the registered manager how the principles of the MCA had been used to determine bedrails were the best possible way of keeping people safe. The registered manager showed us letters from people's next of kin consenting to the use of bedrails. However there was no record that a best interest's discussion had taken place involving identifying why bedrails were in people's best interests and were the least restrictive solution. Although risk assessments were in place regarding the use of bed rails, there was no assessment or information in relation to the need to put them in place for people. This meant that the provider was not always following the principles of the MCA when taking action to ensure people's safety.

This was a continuing breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the registered manager who told us that they would take action to ensure the requirements of the MCA were met in relation to best interests and least restrictive options.

The care records that we viewed showed that people had been supported to consent to the care that they received where they were able to do so. The care plans that we looked at had been signed by a person or their representative.

We looked at the training records for five staff members along with other training information held at the home. We found that there was certificated evidence that staff members had received all mandatory training and that the home had an up to date training matrix which identified when refresher training was due. We also saw that a number of staff members had received additional training in, for example, person centred care, dementia awareness, pressure area care, falls management and end of life care. The training records for new staff members showed that an induction was provided that met the requirements of the Care Certificate for staff working in health and social care services. We saw that induction training records had been signed off by a manager after the staff member had completed the specific requirements. Competency checks for specific skills such as medicines administration and moving and handling had taken place for all staff members.

The staff members we spoke with told us that they received the support that they needed to undertake their duties effectively. The records that we viewed showed that staff supervision had taken place on a regular basis. We also saw recorded evidence that staff meetings took place on a quarterly basis and that these were well attended. The staff meeting records that we viewed showed that safeguarding procedures were discussed on a regular basis. The minutes of the most recent team meeting also showed that, in addition to the support needs of people living at the home, discussions had taken place in relation to dignity of care, staff supervisions, quality assurance and meeting regulations.

People's health care needs were met and monitored. Records showed that people regularly received health checks. They had access to a range of health professionals including GPs, dieticians, opticians, chiropodists, mental health professionals and dentists. The home was participating in a local 'red bag' system intended to ensure that there was an effective transition when people were admitted to hospital and returned to the home. Detailed health records were recorded in an agreed format, and when a hospital admission was required, these would be sent with the person in a red bag along with currently prescribed medicines. The red bag would be returned with the person when they returned from hospital with updated health and care information and medicines. The registered manager told us that this had improved communication between home and hospital. We looked at the 'red bag' records for people and saw that these were clear and up to date.

The home's physical environment was suitable for the needs of the people who lived there. People told us they were happy with their bedrooms and the layout of the home. We saw that people had been able to personalise their bedrooms with pictures, ornaments and personal radios and televisions.

People's individual dietary and nutritional needs were met. The day's menu was displayed in picture and written format. Each day's menu provided two or three choices of food at each meal. A number of people living at the home were of Asian origin. A cook employed by the home specialised in Asian cooking and we saw that there was always an option of a meal reflecting people's cultural preferences. A record of people's alternative choices, should they prefer food that was not on the menu, was maintained. This demonstrated that people were provided with a choice of nutritional meals should they request food that was not on the daily menu.

People were offered hot and cold drinks and snacks throughout the day. People's nutritional needs and preferences were identified within their care plans. with one exception, people that we spoke with expressed their satisfaction with the food provided. However, a family member said, "My [relative] eats but there isn't that much choice."

Good

Is the service caring?

Our findings

The people and family members that we spoke with were happy with the care provided by staff at the home. One person said, "I appreciate their kindness and I'm grateful that they are always polite." A family member told us, "I think the standard of care here is very good. I can recommend this care home to other people."

We saw that staff members interacted with people in a friendly and respectful manner. One person said, "They (the care workers) always knock on my door and ask if they can come in. That's respect, I think." We heard staff members ask people how they were and saw that they would stop and chat to people about their interests. Where people required physical or practical support we saw that staff were patient and gentle and gave people the time they required.

Some people had limited verbal communication, or communicated in a confused manner related to their dementia. We saw that staff members communicated with them in a person centred manner which reflected guidance that was contained within people's care plans. For example, when a person became anxious and started shouting, a staff member gently diverted their attention by talking about a topic that was of interest to them. We saw another staff member chatting with a person who was unable to communicate verbally. The staff member spoke to the person about their life and interests, closely observing their facial expression to ensure that they understood and were happy with the conversation.

People's care plans included information about the people who were important to them. During our inspection we saw that people received visits from friends and family members. We heard staff speaking with visitors in a friendly manner. A family member said, "The staff are very friendly, but they're also very courteous to everyone." Another family member told us, "They encourage visits at any time and keep us up to date about how things are going."

We saw that, where people required personal support, this was provided in a timely and dignified manner. Some people chose to spend time in their rooms. We saw that staff members checked on their welfare regularly and asked them about any needs or wishes in relation to care and support. A person who stayed in their room due to their physical impairments and health needs were visited by staff on an hourly basis. A personal record of staff visits was maintained in their room along with records of food and drink intake and physical repositioning.

The care files that we looked at showed that people's care assessments included information about their cultural and spiritual needs. A faith representative visited the home regularly to provide worship for a number of people for whom this was important and one person told us that staff members sometimes took them to a place of worship. A number of people living at the home were of Asian origin. The home had employed staff members who were able to speak with them in their first language. We observed conversations between staff and people who spoke Gujarati and saw that these were interactive and meaningful to people. Where preferences had been expressed in relation to the gender of staff members providing personal care this was recorded in the care plan.

People's care files contained documented information about people's end of life preferences and needs. This included information about whether people wished to remain at the home rather than being admitted to hospital, along with specific information about how they would like to be supported. The registered manager and some staff members had attended training on end of life care. The registered manager told us that the home had liaised with palliative care professionals where people had been supported to remain at the home at the end of their lives.

Requires Improvement

Is the service responsive?

Our findings

People that we spoke with told us that the staff members at the home were responsive to their needs. One person said, "They always come and help me when I ask." A family member told us, "My [relative] had an injury and the staff were impressive in helping [them] get back to normal. Another resident was in bed for ages and they are now up."

People had care plans which included guidance for staff on how they should support people in order to meet their needs. These had been regularly reviewed and, in most cases, updated where there had been changes in needs. However, one person told us that they should be doing exercises and they were not receiving support with this. We looked at the person's care file we found that a physiotherapist had visited them on 17 March 2017 and had recommended that staff members should be supporting them to walk and to complete specified exercises three times daily. Their care plan had not been updated to include this information and there was no record in their care file to show that exercises had taken place.

We discussed this with the registered manager and they told us that they would ensure that an exercise programme would be put in place. When we returned to the service to complete our inspection we saw that a form had now been introduced to record an exercise programme for the person. However this had not been fully completed so we could not be sure that required exercises were always being supported by staff.

The care plan for the same person in relation to foot care referred to a male with a different name. Therefore we could not be sure if this was the correct person centred plan for the person.

The home maintained weight charts for people. We saw that these were completed on a monthly basis. We saw that, where people had gained or lost weight, staff members had not completed the monitoring forms to identify whether there was a reason for this. For example, one person who was clinically obese had lost more than two kilos in one month. However there was no information in the person's care plan in relation to weight management so we were unable to establish if the weight loss was planned or unexpected. We asked the registered manager about how the home monitored changes in people's weight and was unable to show us any record of this. The registered manager told us that they would ensure that staff members completed the forms in future and that there was a record of actions taken in relation to weight monitoring.

The failures in relation to care records demonstrate a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at people's daily care notes and saw that these had been completed to a good standard. We saw records that showed that information about any changes to people's needs were exchanged between incoming and outgoing staff members through 'handover' meetings.

People were supported by staff to take part in activities. During our inspection we also saw that staff members supported people to participate in group activities such as bingo, board games and ball games. Staff members asked if people wished to play games and supported them to do so.

The home provided newspapers for people and we saw a number of people reading these. We also observed a staff member reading out a Gujarati newspaper for four people for whom this was their first language. Students from a local school visited to spend time speaking with people and help out this activities. The registered manager said that these visits took place on a weekly basis. We saw that people appeared to enjoy speaking with the students.
Since our last inspection outings to local parks had taken place for small groups of people. The registered manager told us these outings had been successful and the home was planning to organise further outings.

The home had a complaints procedure and we were told that people and family members were provided with this. A copy of the complaints procedure was displayed on a notice board within the home. We also saw that copies of the complaints procedure were kept in people's rooms. The people that we spoke with told us that they had no complaints and that they would tell a staff member if they had any concerns. A family member said, "If I had a problem I am sure that the manager would deal with it immediately." We looked at the home's complaints records and saw that two complaints had been received since our last inspection. These had been addressed to people's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People and family members spoke positively about the management of the home. A family member said, "Things are much better since this manager has been here. He has made a lot of good changes." Another family member told us that they were always kept informed about their relative's needs.

We saw that the registered manager spent time with people and helped out with care and support of people where required. He spoke respectfully and in a friendly manner to people and we observed that they responded well to him.

The home had a range of processes in place to ensure that the quality of the care provided was maintained and improved. Six-monthly quality assurance reviews were undertaken by an independent consultant. An annual health and safety risk assessment of the home had also taken place. Actions had been put in place to address concerns arising from these and these had been completed. There was also regular monthly monitoring of medicines records, care plans and risk assessments.
However we were not satisfied that the home's quality assurance systems had always identified and addressed issues in relation to people's safety and well-being. For example, failures in the maintenance and cleanliness of bathrooms had not been identified or addressed. The monthly care plan monitoring had failed to identify that a physiotherapist had made recommendations for a person which had not been carried out six months earlier. Monthly risk assessment monitoring had failed to identify the fact that up-to-date guidance on managing risk was not easily accessible to staff. Weight monitoring charts had not been completed where people had gained or lost weight and there was no evidence that these had been reviewed to ensure that further actions were needed. This demonstrated that the provider's quality assurance systems did not ensure that all risks to people were identified and addressed.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

A resident satisfaction survey had taken place, and we saw that this contained high satisfaction ratings from people and their families. Quarterly surveys of people's views of food provided at the home had also taken place. The registered manager told us that this was used to inform menus and that meals that people did not like had been changed as a result of this.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One staff member said, "He is really supportive." Another staff member told us, "I can always talk to him whenever I'm not sure about anything." Staff members had monthly meetings to discuss issues relating to the home, for example, people's needs, health and safety and quality assurance.

The policies and procedures that were in place at the home were detailed and up to date. Staff members were required to sign to show that they had read these.

Records showed the home worked in liaison with partners such as health and social care professionals to provide people with the service they required. Information regarding appointments, meetings and visits with

such professionals was recorded in people's care files.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that people's care and treatment met their needs. 9(1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to meet all the requirements of The Mental Capacity Act (2005). 11(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that quality assurance monitoring had identified and addressed people's care and support needs. 17(1)(2)(a)(b)