

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?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection was unannounced and took place on 7 January 2015.

Mayfair Residential Home provides care and accommodation for up to 16 people. The home specialises in the care of people who have long term mental health needs.

There is 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. At Mayfair Residential Home the registered manager and provider is the same person. There is a care manager who oversees the day to day running of the home.

The care manager told us the ethos of the home was "For people to do what they want and understand that they don't have to please us. We provide a safety net and a home but people are part of the local community." We were able to confirm these values had been put into practice by the comments we received from people. One

Summary of findings

person told us “This is my home. I go out when I want but I know I can come back here and be accepted for who I am.” Another person said “I pretty much do what I like but there’s always someone to help me when I need it.” One member of staff told us “It’s all pretty laid back. The real ethos is; it’s people’s home and they are the ones who decide what they do.”

There were some systems in place to monitor the quality of care and plan improvements. However these were not always recorded, meaning there was no clear rationale for how improvements were made.

People said they felt safe at the home and were comfortable with the staff who supported them. One person commented “I’m very content here the staff are always good to you. It’s a safe place to live.” Throughout our visit people looked very comfortable with staff and there was lots of chatter and friendly banter.

Care plans contained risk assessments which gave information about the risks people had decided they wished to take. However we saw that although people had signed to state they understood the risks involved in particular activities, assessments were not always comprehensive.

There were sufficient numbers of staff employed to make sure people were supported in an unhurried manner and had opportunities to take part in activities of their choosing. People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff completed an induction when they began work to make sure they had the basic skills to support people. There was ongoing training in health and safety issues and training specific to the needs of people who used the service.

People were very complimentary about the staff who supported them. Comments included “Staff are really good,” “Staff are always kind and friendly” and “I feel it’s my home, they always have time for everyone.” Throughout the day we saw staff spent time talking and listening to people. The atmosphere was very warm and friendly.

People had built relationships with other people they lived with. One person told us “I’ve made friends here. I went with X to get my flu jab. We go out together all the time and spend time in each other’s rooms when we’re at home.” Another person told us “I usually go out with X in the afternoons. It’s really nice to have company.”

There was clear information about the support people required to address their needs and to keep them well. This included signs and symptoms that may suggest a person was becoming mentally unwell, and how to respond to individual situations. The staff worked in partnership with other professionals to make sure people received support and treatment which was responsive to their needs. A psychiatrist and community mental health nurses visited the home regularly which gave people an opportunity to discuss any mental health issues they had.

People continued to make choices about their day to day lives and access community facilities. People chose what time they got up and how they spent their day. We saw some people chose to socialise and others preferred their own company. Each person’s individual wish was respected by staff.

Summary of findings

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 but improvements were needed to make sure risk assessments were comprehensive and gave clear information about how risks to people were minimised.

There was a robust recruitment procedure which minimised the risks of abuse to people by ensuring staff were thoroughly checked before they began work.

There were enough staff to ensure the safety of the people who used the service.

Medicines in the home were securely stored and only administered by staff who had received specific training.

Requires Improvement



Is the service effective?

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

People had access to health care professionals to monitor their health and make sure they received appropriate treatment.

People were able to make choices about the food they ate and everyone said they received enough to eat and drink.

Good



Is the service caring?

The service was caring. People were supported by staff who were kind and took time to listen to them.

People were able to maintain and develop friendships and visitors were always made welcome in the home.

Each person had their own bedroom and their privacy was respected.

Good



Is the service responsive?

The service was responsive. People received care which was individual to their needs and wishes.

The staff responded to changes in people's needs which made sure they continued to be appropriately cared for.

People knew how to make a complaint and were confident that any concerns would be taken seriously and addressed.

Good



Is the service well-led?

The service was well led but improvements were needed to ensure quality monitoring systems were robust and gave clear reasons, and timescales, for improvements needed.

Requires Improvement



Summary of findings

Staff were aware of the visions and values of the home and comments from people showed these were put into practice.

People told us they found the care manager open and approachable. We saw everyone was very comfortable and relaxed with them.

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 7 January 2015 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the home. This included information the home had shared with us throughout the year. At our last inspection of the service we did not identify any concerns with the care provided to people.

At the time of our visit there were 15 people at the home. We spoke with nine people and two visitors. We also spoke with three members of staff and the care manager. We looked around the premises and observed care practices. We looked at records which related to people's individual care and to the running of the home. These included two care and support plans, two staff personnel files, records of health and safety checks and medication administration records.

Is the service safe?

Our findings

People said they felt safe at the home and were comfortable with the staff who supported them. One person commented “All the staff are good and always kind.” Another person said “I’m very content here the staff are always good to you. It’s a safe place to live.” Throughout our visit people looked very comfortable with staff and there was lots of chatter and friendly banter.

Care plans contained risk assessments which gave information about the risks people had decided they wished to take. However we saw that although people had signed to state they understood the risks involved in particular activities, assessments were not always comprehensive. For example one person had stated they did not wish to be checked during the night. The care manager informed us that where people requested not to be disturbed during the night, staff listened outside bedroom doors at regular intervals. The assessment did not outline the risks and did not identify the measures to minimise any risk to the person. This meant the person may be unaware of the actions staff were taking and therefore had been unable to agree to them.

Records showed specific risks associated with people’s mental wellbeing were discussed to enable people to make decisions at times when they were mentally well. The majority of people liked to go out into the town without staff support and care plans showed that any risks associated with this activity had been discussed. Staff were clear that although they were aware some people could be vulnerable if they were unwell and accessing the community without a member of staff, it was people’s right to make this choice. One member of staff told us “We can only advise people and offer support. If we think someone is particularly anxious or upset we will offer to go out with them. It’s their choice though.” One person told us “The staff help when you need it but I can make my own decisions about what I do.”

There were procedures in place to minimise risks to people if they went missing from the home. Care plans contained information that could be easily shared with appropriate authorities if a person was missing for an unarranged

amount of time. One person said “They like to know when you go out and some idea about what time you will be back. If I didn’t come back they would do what they needed to do.”

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us there were always staff around to assist them with any activities and to support them in their day to day lives. During the visit we saw staff had time to spend with people chatting and socialising as well as responding to requests for assistance.

Risks of abuse to people within the home were minimised because there was a robust recruitment process. Staff told us the provider had carried out checks before they began work. Staff files showed that checks undertaken included seeking references from previous employers and checking that prospective employees were safe to work with vulnerable adults.

Staff had received training in recognising and reporting abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff were confident that any allegations would be appropriately responded to and action would be taken to make sure people were protected. There was information about abuse on the notice board and contact details for appropriate agencies if anyone had any concerns.

People’s medicines were administered by staff who had received appropriate training to carry out the role. One person said “The staff do my tablets. I get the right tablets at the right time.” During the visit staff offered people their prescribed medicines at appropriate times of the day. Where a person refused medicines this was clearly recorded in their medication administration chart.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. The medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked a sample of records against the medicines held at the home and found them to be correct.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. All staff completed an induction when they began work to make sure they had the basic skills to support people. There was on-going training in health and safety issues and training specific to the needs of people who used the service. Staff said training available was a combination of distance learning and practical sessions. Training records showed that staff had completed training in subjects including mental health awareness, dealing with behaviour which could be aggressive, substance misuse and the care of people with epilepsy. One member of staff said “They keep you up to date with everything.”

Staff had opportunities to complete nationally recognised qualifications in care which ensured their practice was well informed and up to date. At the time of the inspection all staff had either obtained a recognised vocational qualification or were working towards it. One person told us “Oh the staff are very good at what they do.” A visitor told us “I’m always happy with how they look after them. Staff here do a really good job.”

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 member of staff said “Everyone is able to make decisions when they are well. If people’s mental health means they can’t make a decision then we would have to involve other people who knew them well.” This demonstrated that staff were aware of the principles of the mental capacity act. People told us they made decisions about all aspects of their day to day lives. One person said “Staff talk things through with me but it’s my choice.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and

there is no other way to look after the person safely. The care manager was familiar with the Deprivation of Liberty Safeguards and was confident no applications were required for people who lived at the home.

The staff arranged for people to see health care professionals according to their individual needs. A psychiatrist and community mental health nurses visited the home regularly which gave people an opportunity to discuss any mental health issues they had. People told us they were able to make decisions about what care or treatment they received in partnership with staff and other professionals. One person said “I have a care co-ordinator who I talk things through with but the staff here are good too.” Another person told us “If I’m troubled about anything I can always talk with the staff. They help you get things off your chest and help you make the right decision.”

People said they also received good support to meet their physical health care needs. One person said “When I was really ill they called the paramedics. Routine things I go to the surgery. Sometimes I go on my own but they will always come if I ask them to.” On the day of the inspection staff assisted a person to attend an appointment at the local hospital for an ongoing health condition. Another person told us they did not feel well and had asked the staff to call a doctor. We heard the care manager explain to the person they had called the doctor and they would visit at some time during the day.

The home did not provide nursing care but anyone who required nursing support, such as wound dressings, was seen by a community nurse on a regular basis. The staff also ensured people had appropriate equipment to meet their physical needs. A person who was at risk of pressure damage to their skin had a pressure relieving mattress in place to minimise the risks.

People told us the food at the home was good and they always received ample amounts to eat and drink. One person told us “I do eat well.” Another person said “The food here is alright. You definitely get enough to eat.” There was no planned menu and people were asked on a daily basis what they would like to eat. One person commented “There are always choices.”

Is the service effective?

People were able to make drinks and snacks in a small kitchen area. We saw that people had unrestricted access to this area and made drinks at any time. We noted one person, who liked to spend time in their room, had a kettle to enable them to make hot drinks throughout the day.

The main meal was served at lunchtime and we saw people were able to make choices about the food they ate. People were able to choose where they ate their meal but most people chose to eat in the dining room making it a sociable occasion. People ate their meal in an unhurried manner and were able to spend time chatting with other

people. One person told us they did not like the noise in the dining room and said they liked to eat alone. We saw that staff ensured they were able to have their meal in a quiet area.

Where the staff had concerns about a person's food intake they sought advice from relevant professionals. One person had lost a significant amount of weight when they had been admitted to hospital and staff had arranged for them to be seen by their GP. The staff monitored and recorded how much the person ate each day and regularly recorded their weight. Records showed the measures in place were effective in assisting them to maintain a stable weight.

Is the service caring?

Our findings

People were very complimentary about the staff who supported them. Comments included “Staff are really good,” “Staff are always kind and friendly” and “I feel it’s my home, they always have time for everyone.” Throughout the day staff spent time talking and listening to people. The atmosphere was very warm and friendly and people seemed extremely comfortable in the environment.

Each person had a keyworker who took a specific interest in them and assisted them when needed. Care plans showed that people were able to choose which member of staff they wished to have as their keyworker which enabled them to build a trusting relationship with them. One person said “All the staff are nice but I get on better with some than others. It’s just the way it is.”

The care manager, who was responsible for the day to day running of the home, was aware of individual people’s preferences and arranged appointments and activities accordingly. For example they told us they arranged a person’s ongoing hospital appointments on a certain day so they could be accompanied by the same member of staff. They said “I know they are comfortable with that member of staff so it lessens the anxiety about going to the hospital.”

People’s privacy was respected and all personal care was provided in private. Each person had a private bedroom where they could carry out personal care, spend time alone or entertain visitors. Staff respected people’s privacy and did not enter bedrooms without the person’s permission. Some people showed us their bedrooms and we saw they

had been personalised in line with their interests and tastes. People were able to have private phone lines and internet connections in their personal rooms. One person said “I love my room I chose all the colours.”

People told us they were able to have visitors at any time. Visitors said they were able to visit without making an appointment. One visitor said “Whenever I arrive I am always made welcome. There’s no restrictions. I can come in whenever I like.”

People had built relationships with other people they lived with. One person told us “I’ve made friends here. I went with X to get my flu jab. We go out together all the time and spend time in each other’s rooms when we’re at home.” Another person told us “I usually go out with X in the afternoons. It’s really nice to have company.”

People told us there were lots of ways to express their views about the care and treatment they received. One person said “It’s all very chilled. You can talk to staff about anything at any time.” Another person told us “Staff are very good at listening and helping you work things out.”

Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. We saw that people had signed their care plans to state that they had understood and agreed with them.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. We saw people chose how and where they spend their time. Some people chose not to socialise and spent time in their rooms whilst other people went out and about with friends.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The assessments contained information about people's previous lifestyles and their mental health care needs. This ensured staff had information to support people in a way that was personal to them and their specific needs. One person told us they had visited the home several times before deciding to move in. Another person said they had discussed everything with their care coordinator and felt it was the right place to live.

Staff respected people's choices. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. People's personal routines were outlined in their care plan. One person told us "I have my own routine and they respect that." Another person told us "I'm free to live my life the way I want to. They always offer advice but they fit in with what I want." During the inspection people got up and made breakfast according to their individual preferences. One person chose not to socialise at all and spent the day in their room. We noticed that staff took food to the person in line with their wishes.

One person had decided they did not wish to have personal information about their likes and dislikes in their care plan. There was a statement in the care plan, signed by the person, to say the plan provided enough information to keep them safe but they did not wish to have any other information recorded. This showed the staff respected the person's wishes and right to privacy.

There was clear information to state the support people required to address their needs and to keep them well. This included signs and symptoms that may suggest a person was becoming mentally unwell, and how to respond to individual situations. The staff worked in partnership with other professionals to make sure people received support

and treatment which was responsive to their needs. For example one person had recently become unwell and the staff had worked with local mental health professionals which resulted in the person being admitted to hospital for treatment.

The staff responded to changes in people's needs. One person whose physical abilities and mobility had declined told us how well staff supported them. They said "I need much more physical help now. They have been brilliant. They do much more for me and they are so good. I'm so well looked after." Their visitor told us "They look after them beautifully. They have changed with their changes now they are frailer."

People were supported to maintain contact with friends and family. Where people did not have contact with family members the staff supported people to keep in touch with befrienders from local organisations. At the time of the inspection one person was visited by someone from a local mental health support group and another person was visited by a friend from a charity.

The provider employed specific staff to help people to take part in activities. We heard from the care manager how people preferred one to one activities to group sessions so this was how activity support was provided. One person told us "Oh it's lovely. Sometimes we have a real girl's day. They help me with my hair and nails and stuff like that." Another person told us "Sometimes we go out to the pub and they help me with appointments. Also they help me with internet shopping on the computer."

There were regular meetings for people who lived at the home to enable them to share information and have a say on the running of the home. Minutes of meetings were displayed in the home to ensure they were available to everyone, including people who chose not to attend. Minutes showed a variety of issues were discussed and people were always asked about how satisfied they were with the service and facilities.

People knew how to make a complaint and said they would be comfortable to do so. One person said "If I wasn't happy I'd talk to [care manager] She'd listen because she wouldn't want me to be unhappy." Another person said "You could talk to anyone here about your worries. I have a

Is the service responsive?

care co-ordinator who visits and we always chat about things too.” There was a formal complaints procedure which was displayed on the notice board to make sure it was available to people who lived at the home and visitors.

Is the service well-led?

Our findings

The registered manager was also the provider. A care manager was employed who oversaw the day to running of the home. We were told by the care manager and staff that the provider visited the home on a regular basis and was always available to discuss issues. People knew who the provider was and one person said “If you want to talk to the owner you can.”

There were some quality assurance systems in place to monitor care and plan on-going improvements. However these systems had not always been formalised or recorded so it was difficult to see what improvements were planned or why. For example the care manager told us there was on-going refurbishment work to upgrade some areas of the home but there was no set plan which showed how the need had been identified or timescales to complete work. We saw the majority of en-suites in the home had been totally refurbished but there was no plan in place to say how work had been prioritised.

There was a formal audit process in place to monitor medication practice and this continually showed a good standard of practice in this area. There were also regular satisfaction surveys conducted to collect the views of people who used the service and visiting professionals. The results of the last survey showed a high level of satisfaction with the service provided.

All accidents and incidents which occurred in the home were recorded and analysed. Records showed a very low number of accidents and incidents. Where accidents had occurred there was information to state what action had been taken and any learning that could be gained to minimise future risks.

The main office was located in a central position which enabled people to speak with the care manager and staff at any time. It also enabled the management team to observe care practices and carry out ongoing monitoring. Throughout the inspection visit we noted the care manager was open and approachable. During the inspection people went in and out of the office to chat and ask questions. We also saw the care manager spent time with people and everyone, including visitors, was very relaxed and chatty with them.

The care manager told us the ethos of the home was “For people to do what they want and understand that they

don’t have to please us. We provide a safety net and a home but people are part of the local community.” We were able to confirm these values had been put into practice by the comments we received from people. One person told us “This is my home. I go out when I want but I know I can come back here and be accepted for who I am.” Another person said “I pretty much do what I like but there’s always someone to help me when I need it.” One member of staff told us “It’s all pretty laid back. The real ethos is; it’s people’s home and they are the ones who decide what they do.”

People were supported by staff who had a good understanding of the values of the home and were well supported by management and colleagues. One member of staff said “I love working here. The staff work as a team and the people are great. We have a lot of fun as well as work.” The care manager had ongoing contact with staff and people which enabled them to lead by example and continually monitor practice. The home’s values were shared with staff through staff meetings, training and formal one to one supervisions. The care manager told us training encouraged staff to question practice and this was very much encouraged. They gave an example of a member of staff who had challenged some practice following the completion of an equality and diversity course.

Staff received formal supervision and appraisals to assist them to carry out their role. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One member of staff said “We have appraisals and stuff but we talk to each other and the manager all the time. Good teamwork.”

The care manager kept their skills and knowledge up to date by on-going training and reading. They also meet regularly with local mental health professionals to share information and make sure their practice was in line with up to date good practice guidelines. The home was a member of a local care providers association which offered advice and support to care providers. The care manager used the Care Quality Commission website to keep themselves up to date with changes in regulation and ensure they were well informed.