Mayfield Care Limited

Mayfield Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection, carried out on 02 April 2015.

Mayfield Nursing Home provides accommodation for up to 31 people needing nursing care. The building is a converted building in a residential area of St Helens. There are transport links to the M57 motorway and the nearby town of St Helens. A train station and bus stop are also within 5 minutes walking distance.

There were 26 people using the service at the time of our inspection.

The service has a registered manager who has been in post since June 2013. 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 last inspection of Mayfield Nursing Home was carried out in April 2013 and we found that the service was meeting all the regulations that were assessed.

Summary of findings

Improvements to some parts of the service would enhance people's living environment. Some items of furniture in people's bedrooms and decoration in parts of the service were old and damaged. Personal protective equipment and information for staff was displayed in areas of the service people used and this took away the homely feel. Signs displayed on bedroom doors which could help people locate their bedroom were not being used appropriately.

People told us they were happy and that they felt safe living at the service. Family members had no concerns about their relative's safety and the way their relative was treated. Staff knew how to respond to any concerns they had about a person's safety, including allegations of abuse. Training provided to staff and information made available to them helped to ensure people were safeguarded from abuse and avoidable harm. The environment was clean and hygienic and equipment used at the service was regularly checked and tested to make sure it was safe.

Assessments were carried out to establish people's needs and the necessary care plans were developed for people on the basis of these. People's preferences and choices about how they wished their care and support to be provided was included in their care plans. Regular care plan reviews took place to ensure people's needs were consistently met. Reviews involved people who used the service and other relevant people such as family members and health and social care professionals.

Processes for recruiting staff were safe and thorough to ensure staff were suitable for their role. People's needs were understood and met by the right amount of skilled and experienced staff. Staff were available when people needed them and people told us that they liked the staff and that they were good at their job.

People's health care needs were met and they received input from other healthcare services when required. Staff were confident about what to do if they became aware of any concerns about a person's health or wellbeing. Medication was managed safely and people received their medication at the right times.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests.

Staff received an appropriate level of support and training relevant to the work they carried out and the needs of people who used the service. People who used the service told us they liked the staff. Family members told us they had a lot of confidence in staff and that their relative had received the right care and support. Staff were caring and kind in their approach and they respected people's privacy, dignity and independence.

The service was managed by a person who was described as being approachable and supportive. The quality of the service was regularly checked and improvements were made based on the findings of these checks and from seeking people's views about the service.

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.

People felt safe at the service. Staff knew how to respond to any concerns they had about people's safety.

Risks to people's health safety and welfare were identified and managed. People received their medicines on time.

People were cared for and supported by the right amount of staff who had received training appropriate to the work they carried out.

Good

Is the service effective?
The service was effective.

Some parts of the service would benefit from improvements, to enhance people's living environment.

People's needs, including decision making were assessed and planned to ensure they received effective care and support.

People had a choice of food and drink which met their needs.

Good

Is the service caring?
The service was caring.

People were treated with kindness and were listened to.

People's privacy and independence was respected and they were given choices.

Staff understood what mattered to people, their personal preferences and histories.

Good

Is the service responsive?
The service was responsive.

Staff ensured people maintained their preferred routines.

People received the right care and support when they needed it.

There was a complaints procedure to enable people to raise any concerns they had about the service they received and complaints were responded to.

Good

Is the service well-led?
The service was well led.

The service had a manager who was registered with CQC. People had confidence in how the service was managed.

There were clear lines of accountability at the service.

Checks on the quality of the service were carried out and brought about improvements to the service people received.

Good

Mayfield Nursing 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.

We visited the service on 02 April 2015. Our inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is somebody who has personal or professional experience of this type of service.

During our inspection we spoke with nine people who used the service and five visitors, including family members and friends. We also spoke with eight staff, the registered manager, the registered provider and a visiting healthcare professional. We looked at five people's care records and observed how people were cared for. We also looked at staff records and records relating to the management of the service.

Before our inspection we reviewed the information we held about the service including notifications and information received from members of the public. This included concerns raised to us about the service. We used this information to help plan our inspection.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and that they had received care and support from the right amount of staff. Their comments included; “There’s people around, usually all day long.” “I don’t know what makes me feel safe, I just do.” “I feel very safe, they’re always around. “There are enough staff, we do very well. I feel well looked after, I’ve no complaints.” “Enough staff.” “I’ve not noticed any shortage”. Family members told us they had no concerns about their relative’s safety. Their comments included; “There’s security on the doors, alarms on chairs and the staff are always present.” “I like the manager’s attitude (to safety).” “Staff are always bobbing about.”

Risks people faced were identified and managed. This included risks associated with the environment and risk associated with people’s individual care and support. Where a potential risk had been identified a risk assessment had been carried out to establish the extent of the risk and the measures which needed to be put in place to safely manage the risk. A risk management plan was developed as required for individuals and formed part of their care plan. Management plans were in place for risks such as such as skin integrity, use of bedrails and falls.

The registered provider had a safeguarding policy and procedure which was available at the service along with safeguarding procedures set out by the relevant local authorities. These provided staff with instructions and guidance about how to manage incidents of actual abuse or suspected abuse. Staff told us they had received training in safeguarding adults and we saw records which confirmed this.

Staff knew the different types of abuse which could occur and the signs which would indicate abuse may have taken place. They demonstrated a good understanding of the procedures they were required to follow if they witnessed, suspected or were told about abuse. They told us that they would report any concerns they had to the manager or the person in charge and they were confident their concerns would be acted upon. Staff comments included, “I wouldn’t hesitate, even if it meant reporting a close friend” “Oh yes, anything we report gets done" and “I wouldn’t tolerate any kind of abuse. I’d reassure people, make sure they were safe and then report it”. The registered manager and senior staff were aware of their responsibilities for acting upon any safeguarding concerns and of how to report these to the relevant bodies, such as the police and local authories.

The premises had been maintained to ensure people’s safety. Safety certificates demonstrated that utilities and services, including gas, electrics and water temperatures had been regularly tested and maintained to ensure they were safe to use. The passenger lift, fire alarm and call bell systems had been regularly checked and a fire evacuation plan was in place to ensure people were evacuated safely in the event of a fire.

We saw that the service was clean, hygienic and odour free. The registered provider had an infection prevention and control policy and procedure and related guidance which was accessible to staff. Guidance included details of a community link nurse who needed to be contacted in the event of an outbreak of infection at the service. Infection prevention and control procedures were being followed. They included a range of checks and audits in areas such as cleanliness of the environment and equipment, staff practice, supplies of personal protective equipment and management of waste. A member of staff was appointed to take the lead on infection prevention and control within the service. In addition to educating and providing support to staff in the subject, the lead attended group meetings facilitated by the community infection prevention and control specialist nurses. The lead also championed good practice amongst the staff team. Staff had attended relevant training and they demonstrated a good awareness of infection prevention and control practices and the importance of ensuring a clean and safe environment.

People told us that had received their medication on time and one person told us they had always been given pain relief medication when they needed it. All medication was stored securely in a room which was clean and well ventilated. Regular checks were carried out on the temperature of the medication room and a fridge used to store medications. This helped to ensure medications were stored at the correct temperature so they remained effective. A pre-packaged system prepared by a pharmacy was used for dispensing the majority of people’s medication. We checked samples of boxed medication and controlled medication held at the service and found that stocks tallied with the record of medication given and the remaining stock. We also saw that records of medication

Good

Is the service safe?

given to people had been completed correctly. We looked at a sample of medication that was frequently subject to changes of dose. We saw that before making the change staff had obtained written confirmation of the new dose. Information was recorded within the person's medication administration record (MAR). However, the handwritten entries had not always been signed and dated by two people, which would further reduce the risk of errors occurring.

A cupboard in the medication room contained a number of dressings. We looked at a sample of these and saw that some were not labelled as belonging to anyone, others were for people who no longer used the service. We brought this to the attention of the nurse on duty. Before we left the service the registered manager and a nurse had removed the dressings and bagged them up ready for disposal. We would recommend that regular checking of this cupboard is added to the services auditing process in order to prevent dressings being stockpiled in future.

Recruitment processes were safe and thorough. We looked at staff files for four members of staff who had commenced work at the service in the past year. The staff held a range of roles including, registered nurse, domestic staff and carers. We saw that appropriate procedures had been followed and references and Disclosure and Barring Service (DBS) checks had been sought prior to staff starting work. Prior to commencing work staff had completed an application form which included details of their previous work history. Interviews were conducted by a senior member of staff who assessed the applicant's suitability for the role. Two recently recruited members of staff confirmed that they had completed an application form, attended interview and were subject to a number of checks, prior to starting work at the service.

Good

Is the service effective?

Our findings

People told us that staff were good at their job and that staff made sure they had everything they needed. People's comments included; "There's always enough towels and they're always clean." "The laundry is fine, we're not left without any comforts." "We always have plenty of clean clothes, face cloths and towels." "I get enough to eat and drink." Family members told us that their relatives received good care and support which met their needs. Their comments included; "Mum is well looked after and has everything she needs". "Mum always has clean clothes, the beds are always made. There's always a towel there at the side of the sink." "He always gets his own clothes, everything would be in his room."

Some people who used the service were living with dementia. However, we found that the environment provided little stimulation to support people living with dementia. For example, bedroom doors had photograph frames attached to them but very few had a photograph or picture displayed in them. A familiar photograph or picture may help people to find their bedroom more easily. Corridors were painted plain cream with little suitable signage for people to find their way around.

Disposable gloves, filled laundry baskets, plastic bags and wipes were stored in bathrooms. A large poster with guidance for staff was also displayed on the wall in a bathroom. This appeared untidy and also gave the rooms a clinical appearance that would detract from a relaxing bathing experience for the people who used the service. A spiritual corner had been identified within the service. However, this was filled with leaflets and journals for staff to read. A notice board which displayed training information for staff was mounted on a wall between people's bedrooms. The information intended for staff detracted from a homely atmosphere for the people who used the service.

Parts of the environment were shabby and would benefit from redecoration and refurbishment. For example, a number of corridors had chipped plaster and marks on the walls, a bedroom had broken sealant and a ruched carpet. The covering on vanity units in a number of bedrooms had peeled exposing the woodchip underneath. The registered provider did however say that they had completed some decoration, which we saw. The registered provider also explained the plans which were in place for decoration and refurbishment of other parts of the service.

Charts were in place and completed at the required frequency for people who required any aspect of their care monitoring. For example, falls, positioning and behaviour. These had been regularly reviewed and appropriate action taken where a concern about a person health or wellbeing was noted. People had been supported to access external services which they required to maintain their health and wellbeing, such as GPs, hospitals, community clinics, dentists and chiropodists. Records were maintained of the contact people had with other services. We spoke with a visiting doctor who told us that staff made appropriate referrals for people who used the service. They also told us that they were happy with the clinical care provided and that staff followed clinical instructions for the care of individuals who used the service.

People's dietary needs were assessed and planned and where appropriate people received input from dieticians. Charts were completed as required for monitoring people's food and fluid intake and any risks associated with eating and drinking had been identified and managed. Staff understood people's dietary needs and provided people with the support they needed to eat and drink. People were provided with regular meals and drinks of their choice. A menu with a choice of meals for the day was displayed on a notice board in the dining room and people had access to a selection of drinks and snacks in between main meals. Jugs of juice and beakers were available in the lounge, dining areas and in people's bedrooms. During the morning and afternoon staff walked around the service with a drinks trolley and offered people snacks and a choice of tea, coffee, cold drinks and chocolate milkshake. The cook explained that the milkshake was made with full fat milk specifically for people who needed more nourishment. Suitable beakers for drinking were provided for people whose needs required them and staff provided prompting and assistance to those people who needed it. Staff had undertaken training in supporting people with their nutrition and they showed a good understanding of this.

Staff told us they had received the training, supervision and support they needed to carry out their role effectively and records confirmed this. Training was pre-planned for all

Good

Is the service effective?

staff in topics which the registered provider considered mandatory. This included training in moving and handling people, fire, infection prevention and control and safeguarding adults. In addition staff were provided with training in more specialist areas relating to people's needs, including catheter care and end of life care. All staff had received regular one to one supervision with a senior member of staff. In addition registered nurses had received clinical supervision and staff meetings had taken place. There was a system in place whereby supervision sessions were used as an opportunity for staff set targets and to discuss and plan training they needed to carry out their role effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager had a good understanding of the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. Some people who used the service were unable to make important decisions about their care and support. We saw that an application for a Deprivation of Liberty (DoLS) had been made for eight people who used the service the relevant documentation was in place for these. Care plans were in place for aspects of people's care which were subject to a DoLS. Obtaining consent for people was considered and recorded throughout care records. For example, wound care records for people showed that verbal consent for the treatment had been obtained from the person prior to them receiving the care.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and that their privacy and dignity was respected. People's comments included; "They're very good, they deserve a medal." "The staff are kind, polite and respectful". "They always knock on my door". Family members commented; "They are very kind, I wouldn't leave him here if they weren't." "They're smashing with me, always cheerful and make us welcome, it's like a family." "The staff are wonderful, if I had to come into a care home this is where I'd be." "I think the whole home has a really caring and jolly atmosphere. I think they are all brilliant, I trust all of them they're very attentive." and "I feel very comfortable coming here."

Information about what mattered to people, their personal preferences and histories was obtained and understood by staff. For example, staff knew were people were born and where they used to live whilst growing up. Staff also knew people's past employment history and family information. This enabled staff to engage with people about things of interest and it demonstrated that staff cared about things that mattered to people. One person told us that staff often spent time chatting with them about where they used to live and where they worked and that said staff took a lot of interest in this. Another person was engaged in a domestic task and the person told us they helped with the task each day. Staff explained that the task was very important to the person because it was something they had always done. Staff also knew that the task was associated with the person's previous employment which they held fond memories of.

People were involved in their care and support and their independence was promoted. Staff spoke with people prior to providing any care and support and explained what they were about to do. For example, prior to assisting people into wheelchairs staff explained to the person, where they were taking them and the reason for it. One person was given their own prescribed thickener to add to their drink and staff explained that this was something the person liked to do for themselves. We did, however, note that a member of staff failed to tell a person what was for lunch prior to assisting them to eat their meal and the meal was hurried. We shared our findings with the registered manager and she assured us that she would observe mealtimes to monitor this practice.

People were provided with up to date information about the service. The registered provider had an up to date statement of purpose (SOP) which was made available to people. The SOP described the aims and objectives of the service, services and facilities available, the type of care provided and contact details of the registered provider. This meant people had access to important information about the service they received.

People walked around the service freely and chose where they wanted to sit and how they spent their time. One person told us, "We sit where we want to and we stay at the tables and chat after our meals." People told us they could eat their meals in their bedroom if they chose to. We saw people spent time in their rooms during the morning and sat in the lounge after lunch. People had access to private gardens with seating and patio areas and people told us they enjoyed the gardens during the warmer months.

People who were cared for in bed looked clean and comfortable and they were regularly checked by staff who also spent time talking with them. Staff provided personal care to people in private, for example in people's own rooms and bathrooms with doors shut. A relative told us, "They always take mum to her room and attend to her there". People told us that staff had always treated them with dignity and respect. Staff knocked on doors before entering people's bedrooms and people told us that this was usual. People also told us that staff were patient and caring in their approach when assisting them with anything.

All bedroom accommodation in the home was in single rooms apart from where people had requested to share. We saw an example of two people sharing a large double room and they confirmed that they had agreed to this arrangement. There was a mobile privacy screen in the bedroom so that any personal care could be provided to either occupant in private.

Good

Is the service responsive?

Our findings

People told us they had received the right care and support when they needed it and that they had been given choices which were respected. People's comments included; "I don't want for anything", "They come to me quite quickly if I want to go to the toilet. " I get up at eight, that's when I want to get up. I can go back to my bedroom after lunch for a rest if I want to" "I've been waking up early but there's no rush to get up, they bring me a cup of tea, there's no rigid routine. I go back to my bedroom after lunch." Family members told us; "If I tell them I'm worried about something they sort it right away." And "He gets up about eight he doesn't like lying in."

Each person had a care file which included a set of care plans for their assessed needs. The plans clearly showed the area of need, the desired outcome and the action staff needed to take to ensure the desired outcome was achieved for people. What mattered most to people and how people wished their care and support to be provided had been assessed and their preferences and choices were specified in their care plans. For example, a sleeping care plan for one person stated the amount of pillows they liked to sleep with and a person's care plan for personal care stated the tasks which the person preferred to carry out for themselves. Staff had access to people's care plans and they understood the purpose of them. One member of staff said, "We read care plans regularly. They are how we get to know a person and what they need from us." Staff were knowledgeable about people's needs, including their preferred daily routines. For example, staff told us that one person liked to have their breakfast in bed before getting up each morning and that another person liked to retire to their room for a rest after lunch.

People's needs were regularly assessed to ensure they were being consistently met. A review of each person's care was carried out routinely each month or when a change in a person's needs had occurred. Review records detailed those involved in the review, such as the person they were about, family members and relevant health and social care workers. Changes to people's needs were clearly documented within the review record and relevant care plans were updated.

Various aids, adaptations and equipment were available to support people with their mobility, independence and comfort. These included a passenger lift, mobile hoists, hand and grab rails and specialist beds.

People and their family members were invited to comment about the service. People were given questionnaires inviting them to rate and comment on aspects of the service, including staff, the quality of the care and meals. Completed questionnaires showed people's experiences of the service had been positive. The registered provider had a complaints procedure which was made available to people who used the service and their family members. People told us they would complain if they needed to and they said they were confident that their complaints would be listened to and addressed. A record was kept of complaints made to the registered provider about the service. Records included the details of a complaint we received from a member of the public, which was referred onto to the registered provider to investigate. The records showed that complaints were acknowledged, investigated and responded to in line with the provider's complaints procedure.

Information had been obtained about people's past lives, hobbies and interests and how they preferred to spend their time. Staff told us that a member of the care team was nominated each day to facilitate activities for people, and staff told us this worked well. Staff told us they organised one to one activities and group activities depending on what people preferred on the day. Activities which people had been offered included; baking, card making, hand massages and reminiscence sessions. People told us they were happy with the activities which had taken place. A number of people told us, although activities were offered to them they mostly enjoyed watching TV, chatting with others and receiving visits from their family and friends. Family members told us they were made welcome and they told us they had the option to spend time with their relative in private if they wished.

Good

Is the service well-led?

Our findings

Before our inspection we received some concerns related to the overall management of the service. We looked at these concerns as part of the well led domain. We found that people who used the service thought the service was managed well. Their comments included; “She has high standards,” “So helpful and caring, “The manager is very supportive” “She is very approachable and has done everything she can.” “She’s been really good with Mum.” and “She’s very on the ball as straight as a dye.”

Staff were clear about their own roles and responsibilities and those of other members of the team. Staff knew the lines of accountability within the service and who they needed to approach if they had any concerns or needed advice and support. Each member of the care team had a named nurse who acted as their mentor and first line manager and staff said this approach worked well. Senior staff received support and guidance from the registered manager and the provider. Staff said they felt confident about approaching their manager if they needed to.

There were processes in place to enable staff at all levels to report any concerns or risks which they identified and staff told us they were confident about doing this. We saw an example were a potential error had been reported and investigated and action had been taken to reduce further errors.

Accidents or incidents such as falls or injuries that had occurred at the service were recorded in an accident book. The records were regularly audited by the registered manager and where needed an investigation had taken place to establish the circumstances. In discussions with the registered manager she explained that she analysed the records to see if there were any patterns or trends that emerged. For example, she explained that as a result of an audit several months ago staffing levels at certain times of the day were increased to ensure there were sufficient staff available to support people.

The registered manager and registered provider had investigated complaints in a timely way and they had shared appropriate information when required with the relevant body such as local authorities and CQC. CQC were notified promptly of significant events which had occurred at the service. This ensured appropriate decisions could be made in relation to people’s care and support.

Processes were in place to assess and monitor the quality of the service people received. The manager and other senior staff carried out checks and completed audits on aspects of people’s care including care plans, medication, the environment and staff training and performance. Checks and audits had been carried out at regular intervals and records of them were kept. The registered provider had visited the service each week and was available via telephone at any time should they need to be contacted for advice and support. The registered provider had carried out general checks on the service during each of their weekly visits and in addition to this they carried out a detailed audit every three months. Records of the audits were kept and included checks by the registered provider in areas such as, the environment, staff files, finances and care records. The registered provider also reviewed areas such as accidents and incidents. Audit records highlighted areas for improvement which had been identified and action plans were developed to monitor and ensure the improvements were made. This meant that risks to people’s health safety and welfare had been identified and managed to ensure people received safe and effective care and support.

The registered provider had a whistleblowing procedure which was accessible to staff and staff told us they were confident to speak or act if they were unhappy about something. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that aren't right, are illegal or if anyone at work is neglecting their duties, including: if someone's health and safety is in danger. A member of staff said; “I wouldn’t hesitate to use it” and another said “Definitely, I have no worries about whistleblowing if I needed to.”