

Beaconsfield Care Limited

Mayfield House Residential Home

Inspection report

29 Mayfield Road
Hersham
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Surrey
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Tel: 01932229390

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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 

Summary of findings

Overall summary

About the service

Mayfield House is a residential care home providing personal care to 22 people aged 65 and over including people living with dementia at the time of the inspection. The service can support up to 34 people.

People's experience of using this service and what we found

Allegations of abuse had not always been reported to the local authority and due consideration had not always been given to possible risks when recruiting new staff. People told us they felt safe living at the home and they received their medicines in a safe way. Necessary improvements had been made to ensure there were robust infection prevention and control procedures and thorough health and safety checks were taking place on equipment and the environment.

People's care needs had been assessed and staff had received appropriate training so they knew how best to provide people's care. People enjoyed their meals and were supported to maintain a healthy weight. Where needed health care professionals had been contacted for direct care or support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they enjoyed living at Mayfield House and liked the staff who supported them. People were treated kindly, promoted to be independent, and had their privacy and dignity protected.

Necessary improvements had been made to care plans which detailed people's care needs and staff used these to provide the right care and support. People were able to do the things they enjoyed and were supported to have contact with people who were important to them.

There had been improvements made to management oversight at the home however further improvement to management systems was required. The home worked well with other professionals to improve people's care. People using the service, visitors and staff spoke positively about the registered manager. They felt able to discuss any concerns and felt these would be investigated and addressed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 15 October 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our effective findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mayfield House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We made observations of the care provided. We spoke with four people who used the service and two relatives about their experience of the home. We spoke with eight members of staff including the nominated individual, registered manager, senior care workers, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and a range of other records including policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding concerns at the home had not always been reported to the local authority by the registered manager or the provider. We saw records of three incidents when one resident had been abusive towards other residents which had not been reported to the local authority. We raised this with the provider during the inspection who told us this had been an oversight and they would change their practice with immediate effect.
- People told us they felt safe and were happy living at the home. One person said, "I like it here. They look after you." Two relatives we spoke to said they had no concerns about their family member's safety.
- Staff had received safeguarding training and understood how to look for signs of abuse. Staff we spoke to were confident about reporting any concerns to the registered manager and knew how to whistle blow if necessary.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had worked with the local authority and reviewed all residents' risk assessments in order to address the shortfalls of how risks associated with people's care were managed. For example, one person who was at risk of choking had a risk assessment in place for this which linked to their care plan and contained advice from a speech and language therapist (SALT) about how their meals should be prepared to a certain texture. We observed that they received their meals in the way that the SALT had advised.
- At our previous inspection we found that distressed behaviour by service users was not always recorded. This meant that there could be no analysis of trends and triggers. At this inspection distressed behaviours were recorded and care plans contained detailed information about what might trigger these behaviours in people and what staff should do to manage the situation safely.
- The provider had addressed the shortfalls in assessing the safety of the environment. Staff undertook regular routine safety checks of the environment and any actions arising from these were completed promptly. There were contingency plans in place to ensure people's care would continue in the event of an emergency which meant people had to leave their home.

- High risk areas for individuals were assessed and monitored regularly. For instance people at risk of malnutrition were assessed with the Malnutrition Universal Screening Tool (MUST) and people with skin integrity concerns had regular Waterlow assessments to assess their risk of developing a pressure sore.

Preventing and controlling infection

At our last inspection the provider had failed to implement safe infection prevention and control measures. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had addressed the shortfalls to safety checks for visitors to reduce the risk of someone entering the home with COVID-19. We observed at this inspection that people entering the home had to take a lateral flow test for COVID-19 and had their temperature taken before they were able to go into the building.
- Improvements had been made to the cleanliness of the building. Housekeeping staff were on duty seven days a week and we observed that the environment was clean and free from odours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The risks to people from COVID-19 had not been assessed individually by the provider. This meant that people with health conditions which could have meant they were particularly at risk had not been given particular consideration in terms of measures to reduce the risk of being infected with COVID-19.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

- Disclosure and Barring Service (DBS) checks had been carried out for all new staff, however there was not a clear record of enough consideration being given when information from a DBS check suggested there could be risks from employing a person. This was discussed with the registered manager and provider during the inspection and a detailed risk assessment was completed immediately following the inspection. A DBS checks potential staff are suitable to work in this type of service.
- Suitable numbers of trained and competent staff were deployed in order to meet people's care needs. We observed there were enough staff available to respond to people's needs and relatives told us there were enough staff to support their family members safely. One member of staff told us; "If we are busy, [registered manager] will help."
- The service did not use agency staff at the time of inspection and any staff absence was covered with thin the staff team. The registered manager told us, "We haven't got a big turnover of staff."

Using medicines safely

- Systems and processes for the management of people's medicines were robust. Staff supported people to take their medicines in a person-centred way and medicines were stored at the service securely.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines. MAR charts were regularly audited to ensure any discrepancies could be identified and rectified quickly.
- Staff had received relevant training before they were able to give people medicines and the registered manager checked their competency regularly in relation to the administration of people's medicines.

Learning lessons when things go wrong

- An open and transparent culture was encouraged at the service. Records demonstrated that accident and incidents had been recorded by staff and reviewed by the registered manager for any possible learning to reduce the risk of future occurrences. For example when someone had fallen, circumstances such as the environment, footwear, the mobility of the service user and whether they used any equipment involved in supporting their mobility had been assessed.
- We found that lessons had been learned in response to our previous inspections. Improvements had been carried out to care records, risk assessments, auditing and infection prevention and control.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had carried out assessments of people's needs before they moved into the home to ensure they could be properly cared for. Assessments from health and social care professionals were also used to plan effective care.
- People's relatives told us they were kept involved by the home when people were moving in. One relative told us, "[Registered manager] and [provider] were very good; they kept phoning me and keeping me up to date. They reassured me."
- Assessments guided by national framework and standards were completed to ensure that people's needs were assessed and met.

Staff support: induction, training, skills and experience

- Staff had received regular training and support to enable them to meet people's needs. We saw records to support this. One member of staff told us, "I have had the training I need and feel confident [supporting people]."
- At our last inspection we identified that five staff had not received health and safety training despite the provider's safeguarding policy stating this training was a requirement. At this inspection we saw records which showed this had been addressed and all staff had received this training.
- Staff were able to raise any issues of concern and gain support from one of the management team when needed. One member of staff told us, "[Registered manager] asks us, 'Do you need help?' 'Do you have a problem?' She is the best."
- Regular supervisions and team meetings gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke positively about mealtimes at the home. One person told us, "I think the food is excellent." A relative said, "[Person] has always been a fussy eater but she never complains about the food. She seems to be eating well."
- We observed people being supported with their meals, the atmosphere was pleasant, and there were enough staff available to help people if required. Staff encouraged people to maintain hydration levels by regularly offering a choice of drinks.
- People who had been assessed to have risks concerning nutrition were having their food and fluid intake carefully monitored to see if a referral to a dietician or other health professional was required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access healthcare services when they need to. One relative told us, "They got a chiropodist out straight away and got the doctor to prescribe [person] antibiotics." Another relative told us their family member was visited regularly by district nurses to apply dressings to their legs.
- The registered manager and their staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. They worked with services including GPs, social workers and community-based health professionals. People's care plans demonstrated professional advice was recorded and acted upon.
- When the registered manager thought that one person was not getting a good enough service from healthcare professionals they had made a complaint on the person's behalf and the service they received had subsequently improved.
- Staff shared appropriate information when people moved between services such as admission to hospital or attendance at health appointments. This ensured people's needs were known, and care was provided consistently when moving between services.

Adapting service, design, decoration to meet people's needs

- The provider ensured the design and layout of the home was suitable for people living there. Communal areas were comfortable and homely. The bathrooms were suitably equipped to meet people's mobility needs.
- People told us they were happy with their bedrooms and the communal areas. People had personalised their bedrooms with their own furniture, decorations, pictures and ornaments.
- The service had several different areas where people could choose to spend their time and people had access to outside space that was safe.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager had ensured care plans included information about people's capacity to make decisions about their care and support. DoLS authorisations had been sought for people where there were risks in relation to their capacity and safety.
- Staff asked for people's agreement before supporting them with personal care and other tasks. People using the service confirmed that this was the case.
- Staff had received MCA/DoLS training and understood their responsibilities around consent and mental capacity. One member of staff told us, "Some [people] don't have capacity. We make decisions in people's best interests."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection people told us staff were not always caring however at this inspection the comments about treatment from staff were positive. One person told us, "The staff are very nice." A relative told us, "[Person] has said to me, 'They look after me here.' All the staff seem very nice."
- We observed that staff were kind, caring, friendly and attentive. Staff respected what was important to people.
- People's individual needs had been considered in respect of their religion and culture. One person had been supported to attach a religious symbol to their bedroom wall which was important to them.
- Staff told us how much they enjoyed working at the home and spoke to us about people in a way that showed they respected their rights. One member of staff said, "I enjoy working here. I like the manager, the staff and the people. I have many friends here."

Supporting people to express their views and be involved in making decisions about their care

- People had been supported to make decisions about their care. One member of staff told us, "I offer them choices; this is important. What drink would they like. Bath or shower. What they want to wear."
- Records we reviewed demonstrated people were consulted about the care and support they required. While some people's needs impacted on their ability to make decisions, staff made every effort and encouraged people to make daily choices and involved them in doing so.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we observed that people were not always treated with dignity. Improvements had been made and all staff had received training in providing person centred care. At this inspection people were treated with compassion, dignity and respect. We observed that staff knocked on people's bedroom doors and waited for a response before entering.
- People were supported to remain as independent as possible. One member of staff told us, "We try to encourage them to be independent...so [during personal care] I give them the flannel and ask them if they can wash themselves."
- We observed one member of staff spend a long time supporting someone to walk to the dining room at lunch time. They offered reassurance and encouragement to the person who had the option of using a wheelchair instead if they wished to do so.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our inspections in June 2018, December 2018 and June 2019 care plans were inconsistent and important information about people's needs and preferences were missing. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The provider had addressed the shortfalls in care plans so that they did reflect people's needs and preferences. For example, we saw that people's care plans about personal care included details of how they liked to be supported and what they were able to do independently.
- At the time of our previous inspection, electronic and paper methods were being used simultaneously for care planning and there were inconsistencies between the two. At this inspection the provider had addressed this issue and was only using an electronic method for care planning which had removed these inconsistencies.
- During our previous inspection people's daily notes had been copied from one day to another and therefore did not demonstrate a personalised approach. At this inspection daily notes provided a detailed and personalised record of the support people had received.
- People were encouraged to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. Staff supported people to follow their preferred routines for daily living. Staff we spoke with knew people's needs and preferences well. One member of staff told us, "I know the residents well here, I like to read the care plan and have time to do that."
- Records showed that no people were receiving end of life support at the time of inspection, however staff had created care plans which outlined people's preferences and needs for the end of their life and after death. The staff demonstrated a good understanding about providing dignity and support for people they cared for and their families during and after the end of their lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs and preferences had been identified in their care plans and were followed by staff. One relative told us, "[Person] can't really communicate any more but they engage well with her. They talk to her nicely."
- During the COVID-19 pandemic, staff had supported people to use various electronic communication devices, such as tablets and mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.
- Pictorial cues had been used to help communicate with people. This included an orientation board in the lounge which displayed the day of the week, date, season and weather for people to refer to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do things which they enjoyed. One member of staff told us, "I try to find what they enjoy. Today's topic was holidays. 'What was their first?' 'What was their favourite?' 'Who did they go with?' [We spoke about] childhood holidays."
- Staff had planned and supported people with different activities, in addition to external visitors to the home who came in to provide entertainment and activities. People using the service told us they were happy with this, and we observed people engaging in different activities during our inspection.

Improving care quality in response to complaints or concerns

- People told us they were aware of how to make a complaint if they needed to. One relative told us, "I have had no cause for concern." Relatives did tell us they would feel able to raise concerns and felt confident these would be dealt with.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with it.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our inspections in June 2019 and September 2020 the provider had failed to have robust oversight of the quality of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However improvements were still in the process of becoming embedded.

- The provider had addressed the shortfalls in oversight of the quality of care. Regular audits had been carried out for infection prevention and control, medication, and health and safety. There was a monthly action plan for these audits where any actions identified were recorded.
- Action had been taken to address shortfalls to the oversight of infection prevention and control measures identified at the previous inspection. At this inspection the provider ensured staff were tested for COVID-19 in line with national guidance and action had been taken to improve the cleanliness of the home.
- However, audits of incidents and accidents had not identified that there had been three instances recorded of a service user being abusive towards other service users which had not been reported to the local authority or to CQC in line with regulatory requirements. Auditing of staff files had not addressed that there had been insufficient consideration when information from a DBS check suggested there could be risks from employing a person.
- People and their relatives spoke positively about the registered manager. One relative told us the registered manager had supported their family member really well following a disagreement with another resident. The relative told us, "[Registered manager] talked to her and called me the next day to reassure me, which gave me peace of mind."
- Staff told us that they were well supported by the registered manager. One member of staff told us "Always she is wanting to hear our opinion. She is a good listener." Another member of staff said, "Any problem, she will listen. If we need to change something, it will happen quickly."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they were happy living at Mayfield House and liked the staff supporting

them. One relative told us, "I have been very happy with [Mayfield House]."

- The staff team had received a number of recent thank you cards. One relative had written, 'Thank you for the constant care and kindness shown towards [person]. It was so reassuring to know he was so well looked after.' Another had said, 'Thank you so much for all you did for [person]. It meant the world to us that he was in safe and caring hands.'
- Staff told us they were given opportunities to develop their careers and skills, and that the management team were approachable.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Regular staff meetings had taken place and there were opportunities for staff to make suggestions. One member of staff told us, "We have team meetings with staff, we are listened to, if you have a concern they will listen. We are a good team. I never had problems with teammates, teamwork is good."
- Staff had worked closely with health professionals such as district nurses and GPs to support people's health and well-being. When people's care needs changed and they needed support from specialists such as chiropodists and speech and language therapists referrals to these services were arranged promptly.
- Training had been arranged with the local Clinical Commissioning Group (CCG) for staff to improve their knowledge of infection prevention and control during the COVID-19 pandemic.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it. A member of staff told us, "Since [registered manager] came we have done a lot of improvements and training... We are still improving but going forward."
- Since the last inspection the registered manager and the provider had acted upon the concerns raised about infection prevention and control, oversight of the service and managing risk.
- The staff had taken part in supervision meetings where they had reflected on their work and how they could make improvements and learn from things that had gone wrong.
- The registered manager had been proactive and systems had been put in place to investigate any concerns and complaints in an open and transparent way. Relatives spoke positively about communication with the home. A relative told us, ""They contact me if there are any issues."