

Farrington Care Homes Limited

The Mayfield

Inspection report

6 Alicia Avenue
Kenton
Harrow
Middlesex
HA3 8AL

Tel: 02089077908
Website: www.farringtoncare.com

Date of inspection visit:
22 July 2016

Date of publication:
22 September 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Our inspection of The Mayfield took place on 22 July 2016. This was an unannounced inspection.

At our previous inspection of the service in on 21 July and 11 August 2015 we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to person centred care, safe care and treatment, safeguarding people from abuse, and good governance. During this inspection we found that the provider had taken significant steps to improve the service in order to meet the requirements identified at the previous inspection.

The Mayfield is a care home situated in Kenton which is registered to provide accommodation and personal care to up to 24 older people. At the time of our inspection there were no vacancies. The majority of people at the home were living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager at the home had recently taken on the management of another service. Although we spoke with them during our inspection, a new manager had been appointed who was leading the day to day management of the home. The new manager had commenced the process of applying to The Care Quality Commission for registration.

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

Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring that people were safe and that concerns were reported appropriately.

People had person centred and up to date risk assessments to ensure that they were kept safe from avoidable harm. The risk assessments contained detailed guidance for staff on managing risk to people. We saw that these were regularly reviewed.

The provider had arrangements in place to ensure that people's medicines were stored, managed and given to them appropriately. Staff members who were responsible for administering medicines had received medicines training, and we saw that regular competency checks were carried out. However, when we observed a staff member administering medicines, we saw that they sometimes recorded that medicines had been given prior to taking the medicines to the person. This meant that we could not be sure if records always reflected whether or not the person had taken their medicine.

We also noted that the staff member placed the medicines into an un-gloved hand prior to putting them in a container to give to each person. They did not wash their hands between giving medicines to each person. Although we saw some good practice, such as staff wearing disposable aprons and gloves for other tasks we identified a further concern in relation to infection control at the home. Following lunch we saw a staff member using a cloth to wipe a person's face. They then went on to wipe another person's face with the same cloth. Although the provider had infection control measures in place we could not be sure that these were always followed.

There were enough staff members on duty to meet the physical and other needs of people living at the home. Staff supported people in a caring and respectful way, and responded promptly to needs and requests. People who remained in their rooms for part of the day were regularly checked on.

Staff who worked at the service had received relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking. All staff members received regular supervision from a manager, and those whom we spoke with told us that they felt well supported.

We found that the home was not always meeting the requirements of The Mental Capacity Act 2005 (MCA). Applications for Deprivation of Liberty Safeguards (DoLS) had been made to the relevant local authority. Staff members had received training in MCA and DoLS. However, although care plans identified whether or not people had capacity to make certain decisions, no assessments of capacity had been undertaken. Where bed rails had been put in place for people, there was no record of whether this was in their best interest or the least restrictive option available to keep them safe as required by the MCA.

People told us that they liked the food at the home. Meals that were provided met individual health and cultural requirements. Alternatives were offered where people did not want what was on the menu. People appeared to enjoy their meals. Drinks and snacks were offered to people throughout the day. Health professionals were involved where there were concerns about appetite or maintenance of weight.

People's care plans were person centred and provided guidance for staff about how people wished to be supported. The plans were reviewed and updated regularly to ensure that they addressed people's current needs.

People told us that staff were caring and we observed positive interactions between people and their care staff. People told us, and we observed that they were offered choices and that their privacy was respected.

The home provided individual and group activities for people to participate in throughout the week. They had recently started to provide outings outside the home and we were told that further outings would take place. People's cultural and religious needs were supported by the service.

People and their family members that we spoke with knew how to complain if they had a problem with the service.

Care documentation showed that people's health needs were regularly reviewed. The service liaised with health professionals to ensure that people received the support that they needed.

There were systems in place to review and monitor the quality of the service, and we saw that action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and staff members were required to sign that they had read and understood any new or amended ones.

People who used the service, their relatives and staff members spoke positively about the management of the service. They told us that they liked the new manager.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. We observed medicine administration records being completed before medicines were given to people.

Staff members did not always follow infection control measures.

Risk assessments were up to date and contained guidance for staff on how to manage identified risks.

Staff members had received safeguarding training and were aware of their roles and responsibilities in keeping people safe.

Requires Improvement ●

Is the service effective?

The service was not always effective. People who were considered to lack capacity had not received a mental capacity assessment. The care documentation for people who required bedrails did not show why this was in their best interest or why this was the least restrictive option in keeping them safe.

Staff members received regular supervision and training to ensure that they were able to undertake their duties effectively.

People told us that they enjoyed the food provided at the home and we saw that people were offered choices that met their dietary requirements and preferences.

Requires Improvement ●

Is the service caring?

The service was caring. People who used the service and their family members told us that they were satisfied with the care provided by staff. We observed that staff members respected people's privacy and dignity.

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

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

Good ●

Is the service responsive?

Good ●

The service was responsive. Care plans were up to date and contained guidance for staff on meeting people's needs.

People told us that their needs were addressed by staff.

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

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

Is the service well-led?

Good ●

The service was well-led. There were systems in place to monitor the quality of the service and we saw that actions identified though these systems were quickly addressed.

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

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

The manager had a good working relationship with health and social care professionals and organisations. Links with the community were promoted on behalf of people who lived at the home.

The Mayfield

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 was unannounced and took place on 22 July 2016. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

During our visit we spoke with four people who lived at The Mayfield and two family members. We also spoke with the registered manager, the new manager and three staff members. We spent time observing care and support being delivered in the main communal areas, including interactions between care staff and people who used the service. We looked at records, which included four people's care records, five staff recruitment records, policies and procedures, training records, medicines records, and other documents relating to the management of the service.

Is the service safe?

Our findings

People who lived at the Mayfield told us that they felt safe. One person said, "There are plenty of people here to look after me. I feel quite safe." A family member told us, "They're watching [my relative] carefully as they can't walk."

At our previous inspection of the Mayfield we were concerned about the quality of risk assessments for people who lived at the home. Risk assessments did not always include information about risks that were identified elsewhere in people's care files, and there was limited guidance for staff on how to manage risks. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this visit we found that significant improvements had been made. People's risk assessments were detailed and up to date. Guidance for staff members in regards to managing identified risks was clear. We saw, for example, that a person's risk assessment in relation to their diabetes included information about recognising the signs of hyper and hypoglycaemia (an excess or deficiency of glucose in the bloodstream) with guidance on how to respond to these.

On our last inspection we identified further concerns about safeguarding arrangements at the home. Records in relation to safeguarding concerns were limited. Staff members could not always demonstrate their understanding of safeguarding procedures. The training records that we saw showed that a number of staff had not received safeguarding training despite the fact that this had been identified as a concern as part of the provider's quality assurance monitoring. This demonstrated a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this visit we found that the provider had made improvements in order to meet the regulation. Training records showed that staff members, including kitchen and domestic staff, had received safeguarding training. Staff members who we spoke with understood the principles of safeguarding, and how to report concerns.

The safeguarding records maintained by the home were detailed. These included copies of notifications sent to CQC along with records of local authority safeguarding investigations and meetings. We noted that the provider had taken action to address the outcomes of any safeguarding concerns.

Medicines were generally managed appropriately. An up to date medicines policy which included procedures for the safe handling of medicines was available to staff. Senior care workers administered medicines and we saw evidence that they had received appropriate training and competency checks. Regular audits of medicines maintained by the home were in place. When we observed a staff member administering medicines, we saw that she waited for each person to swallow their medicines before recording that they had been taken. However, we observed that when medicines were taken to people in their rooms, the staff member signed the medicines administration record before taking medicines to people. This meant that we could not be sure that the records were accurate in recording whether or not people had taken their medicines.

We looked at infection control measures within the home. Staff were seen wearing disposable aprons and gloves when supporting people with their care. Alcoholic hand rub was located in several areas of the home to minimise the risk of spread of infection. Guidance for good hand washing was displayed in bathrooms. Soap and paper towels were accessible in bathrooms. However, following lunch we observed that a staff member used a cloth to wipe people's faces where required. They used the same cloth to wipe the face of more than one person. We also saw that the staff member administering medicines removed medicines from people's individual medicines pack directly into their un-gloved hand before placing them into pots. They did not wash their hands before going on to give medicines to other people.

We discussed our concerns with the manager who told us that they would take immediate action to ensure that staff members were reminded of their duties in relation to keeping people safe from risks associated with from the safe management of medicines and infection control.

Our concerns about the recording of medicines and infection control measures at the home demonstrated a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Staffing rotas showed that there were sufficient numbers of staff available to support people throughout the day and night. We saw that staff members responded promptly to ensure that people were provided with the assistance they needed. There were enough staff to support people to take part in activities and to accompany people when needing support to take walks within the home. People that we spoke with told us that there were enough staff members to meet their needs. One person told us, "There's a lot of staff here," and another said, "I've never had to wait."

We looked at the recruitment records of eight members of staff. We found that application forms had been completed which had included people's employment history. Two references had been obtained along with information about people's eligibility to work within the UK and there was a record of formal interviews that had been carried out. Criminal record and barring checks had also been completed to establish that people were suitable to care for people living at the service.

Checks of equipment were carried out. Moving and handling equipment, such as hoists was inspected and serviced regularly in accordance with the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998. The home had recently installed a new chair lift to support people with decreasing mobility to access the upper floor. This had not yet been inspected as it had been installed within the past six months.

Temperatures of fridges and freezers, hot food, hot water and the storage of medicines were monitored closely. When we last inspected the home they had received a food hygiene rating of two stars from the food standards agency which meant that improvements were required. At this inspection we saw that their food hygiene rating had been upgraded to four stars.

Fire action guidance was displayed and we saw that fire safety equipment was regularly serviced. Fire drills were carried out regularly and emergency evacuation plans were in place for individuals. We saw that summary information of people's emergency evacuation plans was kept close to the entrance to the building. The manager told us that this would enable staff to easily access these should there be a need to evacuate the building.

Accident and incident records were well maintained and showed that appropriate actions to address concerns had been put in place. The provider maintained an out of hours emergency contact service and staff we spoke with were aware of this. The home's records demonstrated that actions had been undertaken to reduce health and safety risks to people.

Is the service effective?

Our findings

People that we spoke with said that the home was effective. One person said, "Anything I need from them or if I ask them a question they always know what to do. I think they are great." A family member told us, "They appear to know what they are doing."

At our previous inspection of the Mayfield we raised concerns about staff training. Training records maintained by the home were limited, and the training matrix indicated that a number of staff members had not received up to date core or refresher training. A quality assurance audit that was undertaken during April 2015 had identified the need to ensure that the home's training was updated and made particular reference to the numbers of staff requiring safeguarding training. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this visit we found that there was certificated evidence that staff members had received all mandatory training, and that the home had an up to date training matrix which identified when refresher training was due. In addition to mandatory training, we also saw that a number of staff members had received additional training in, for example, person centred care, dementia awareness, pressure area care and end of life care. The manager had also recently completed an intensive course on falls management provided by the local authority. Induction training records showed that an induction was provided that met the requirements of the Care Certificate for staff working in health and social care services. We saw that induction training records had been signed off by a manager after the staff member had completed the specific requirements. We also saw evidence of competency checks having taken place for specific skills such as medicines administration and moving and handling.

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

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

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

The home had made efforts to comply with the requirements of the MCA. We saw evidence that applications had been made to the relevant local authority team in relation to DoLS regarding restrictions in place for people who were under continuous supervision and unable to leave the home unaccompanied due to risks associated with lack of capacity to make decisions. Staff members had received training in MCA and DoLS. However we saw that, although people's care plans included information about their capacity to

make decisions, there was no evidence that assessments of this capacity had taken place. Furthermore, the provider's policy and procedure on DoLS dated January 2016 did not contain any reference to guidance in relation to a Supreme Court ruling in March 2014. We also noted that bedrails were in place for three people living at the home who had not been able to consent to this. Although risk assessments for the use of bedrails were in place, there was no reference as to why this was in their best interests, or whether any less restrictive option had been considered. The key principles supporting the MCA include the need to demonstrate best interests, and that any actions taken to keep people safe are the least restrictive possible for the person.

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

The records that we viewed showed that people had been supported to consent to the care that they received. Three of four care plans that we looked at had been signed by a person or their representative. We looked at one plan where this was not the case and noted that it had been very recently updated. The manager told us that the person was unable to understand their plan and that they had discussed this with a family member and would seek their consent at their next visit.

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

People's health care needs were met and monitored. Records showed that people regularly received health checks. They had access to a range of health professionals including; GPs, dieticians, opticians, chiropodists, psychiatrists, and dentists

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

People's individual dietary and nutritional needs were met. The day's menu was displayed in picture and written format. Each day's menu provided two or three choices of food that included an option for the people who lived at the home from a specific cultural background. A record of people's alternative choices should they prefer food that was not on the menu was maintained. Nutritional supplements had been prescribed for one person, and we saw that these were appropriately stored, administered and recorded. We saw recorded evidence that the kitchen staff had attended diabetes awareness training.

People were offered hot and cold drinks and snacks throughout the day. People's nutritional needs and preferences were identified within their care plans. The provider undertook regular satisfaction surveys regarding food and the manager told us that these were used to develop menus. People that we spoke with expressed their satisfaction with the food provided. One person told us that, " The food is always tasty. We do have a few choices in what we have."

Is the service caring?

Our findings

People spoke of being satisfied with the service. One person told us that, "The staff are all nice," and another said, "They talk to us and make sure we are alright." A family member commented positively on the way that staff talked with their relative, and told us that, "They do anything she needs."

We observed that staff members interacted with people in a respectful manner. We heard them ask people how they were, and saw that they would stop and chat to people about their interests.

People were supported to maintain the relationships that they wanted to have with friends, family and others important to them and care plans included information about the relationships that were important to people. During our inspection we saw that people received visits from friends and family members. We heard staff speaking with visitors in a friendly manner. A family member told us, "They phone me if there is anything I need to know."

We saw that, where people required personal support, this was provided in a timely and dignified manner. Some people chose to spend time in their rooms. We saw that staff members checked on their welfare regularly and asked them about any needs or wishes in relation to care and support.

Staff members spoke positively about the people whom they supported. One care worker told us, "I really enjoy working here. All the people are lovely."

People told us their privacy and dignity was respected. One person told us, "If my door is closed they will knock before coming in. They talk to me with respect." We saw that staff members knocked on people's doors and asked for permission to enter before going in. We observed that staff members offered people choices and ensured that they had support to undertake activities if they required it.

The care files that we looked at showed that people's care assessments included information about their health, cultural and spiritual needs. A faith representative visited the home regularly to provide worship for a number of people for whom this was important. Care assessments showed that people had been asked if they had a preference about the gender of the care staff that assisted them with their personal care needs. Culturally specific food was provided to people at mealtimes if this was their preference. This demonstrated that the home respected and supported the individual wishes of people who lived at the home.

People's care files contained documented information about people's end of life preferences and needs. This included information about whether people wished to remain at the home rather than being admitted to hospital, along with specific information about how they would like to be supported. . We saw that family members had been involved in supporting people with these decisions where required.

The manager told us the home had received support from the local palliative care team to support people requiring care at the end of life, and that, wherever possible, all efforts would be made to enable people to remain at the home in accordance with their identified wishes. We saw that some staff members had

recently attended training on care at the end of life.

Is the service responsive?

Our findings

People that we spoke with told us that staff at the home were responsive to their needs. One person said, "Anything I need from them or if I ask them a question they always know what to do. I think they are great".

At our last inspection of The Mayfield we found that the information contained within people's care plans was limited. Some information contained within the care plans was inconsistent with other information held elsewhere in people's files. There was no guidance for staff on supporting people's specific needs. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

At this visit we found that improvements had been made to people's care plans. These were person centred, fully up to date and reflected all of the information that the home held about people's needs. Guidance for staff members on meeting each identified need was clear and detailed. It was easy to see from the care documentation whether there had been any changes to people's needs and what actions had been taken as a result. For example, people were weighed regularly and any reasons for any gain or loss had been recorded. We saw that one person had recently been referred to a dietician as a result of concerns in relation to their weight.

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

People were supported by staff to take part in activities, including drawing, reading the newspaper, doing jigsaw puzzles and playing games. During our inspection we also saw that staff members ensured that people were supported to participate in group activities. Staff members asked if people wished to play a bingo game and supported them to do so. We also saw staff members singing and dancing with people. We saw that some activities were planned, such as an entertainer who visited regularly, and others were based on people's individual preferences. The home provided newspapers for people and we saw a number of people reading these. At our last inspection we noted that there was little opportunity for outings outside the home. The manager told us that an outing had been arranged for ten people to visit a local park and leisure activity and that further similar activities were being planned by staff.

The home had a complaints procedure and we were told that people and family members were provided with this. A copy of the complaints procedure was displayed on a notice board within the home. We also saw that copies of the complaints procedure was kept in people's rooms. The people that we spoke with told us that they had no complaints. One person told us that they would talk to a particular staff member if they had any concerns. A family member said, "I've not had to [make a complaint]. I've been quite impressed with the staff. They appear to be very caring and look after [my relative]. I would speak to the manager and find out why it has happened." We looked at the home's complaints log and saw that all complaints had been addressed satisfactorily at the first stage.

Is the service well-led?

Our findings

People told us that they liked the new manager. One person told us, "He's a nice guy. He is always around talking to everyone." Another person said, "The team is all good. Everyone who works here is fantastic." We asked people if they thought that the home was well managed. One person said, "Yes, the team know exactly what they are doing and it has improved over the years." A family member told us, "As far as I am aware they are. [The manager] is often watching and makes sure no one misses anything. I also think they keep the right staff."

At our last inspection of The Mayfield we found that, although the home had a range of quality assurance processes, there were no regular audits of care plans and risk assessments. In addition, a number of priority action points raised as part of an audit three months prior to the inspection had not been addressed. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that significant improvements had been made. There were regular monthly reviews of care plans and risk assessments. The outstanding audit actions had been addressed immediately. Quality assurance audits that had taken place during the past year contained details of any actions taken as a result. We saw that all concerns raised during the process had been addressed quickly.

In addition to regular reviews of care plans and risk assessments, we saw that a number of other quality assurance activities had taken place. Six-monthly quality assurance reviews were undertaken by an independent consultant. A health and safety compliance assessment of the home had taken place in April 2016. Medicines maintained by the home were audited on a monthly basis. We also saw evidence of recent audits of staff files and infection control procedures.

A resident satisfaction survey had taken place during May 2016, and we saw that this contained high satisfaction ratings from people and their families. Quarterly surveys of people's views of food provided at the home also took place. We saw that people were encouraged to say what they liked and didn't like about the meals at the home, and to make suggestions that were used in menu planning. The home had also conducted a survey of professionals involved in people's care during May 2016. Again there were high satisfaction ratings. A chiropodist had written, "Staff are always pleasant and supportive. I am given full updated information regarding the residents."

We reviewed the policies and procedures in place at the home. These had been recently updated and there was a process in place to ensure that staff members signed to show that they had read the policies.

The staff members that we spoke with told us that they felt that the manager was supportive and approachable. We saw that the manager spent time in the communal areas and communicated positively with people who used the service, their visitors and the members of staff who were on shift.

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

professionals was recorded in people's care files. . During our inspection we spoke with a district nurse who was visiting the home. They told us that they had been working with staff members showing them how to support people. They told us that they thought the home was good. They said, "We work together as a team here."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to meet all the requirements of The Mental Capacity Act (2005). 11(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that medicines and infection control measures were being managed safely. 12(2)(g)(h)