

Mayfield Carehome Ltd

# Mayfield Care Home

## Inspection report

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Sale  
Cheshire  
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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 ●

# Summary of findings

## Overall summary

Mayfield Care Home is a residential care home registered to provide personal care and support for up to 24 people, some of whom are living with a diagnosis of dementia. On the day of the inspection there were 21 people living at the home.

Mayfield Care Home is a large extended house situated in the Sale area of Trafford, accommodating people in one adapted building. The home stands in its own grounds, with a long drive, car parking and enclosed gardens.

People's experience of using this service:

Staff knew how to keep people safe from harm from abuse and people told us they felt safe. Staff were aware of risks specific to individuals and risks posed by the environment and were guided with information and instruction on how to reduce these to keep people safe.

People spoken with said they were well cared for. People were supported to have choice and control of their lives and staff supported this in the least restrictive way possible. Policies and procedures were in place to support this practice.

There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs. The recruitment of staff was safe and staff received induction and undertook mandatory training. There was a group approach when delivering care certificate training to staff and we queried this with the registered manager. We later received assurances that this training was appropriate and there was individual input from staff.

People received a healthy diet in line with their assessed needs but we recommended the service should explore ways in how people could have an improved meal time experience. People had access to health care as required.

People and their relatives were positive about the service and the care provided. Staff were kind, caring and compassionate. The home was welcoming and friendly. It was clear people and staff had formed good relationships.

People were able to personalise their rooms. Signage around the home was not adapted to the needs of people with limited vision or dementia. The provider gave us assurances the installation of signage more suited to people's needs was a priority.

People and relatives were involved in decision making. Staff respected people's privacy and dignity. People were offered choices and encouraged to remain independent.

Care plans and assessments were in place which identified the areas of support people wanted and needed.

The service had a complaints policy and people we spoke with knew how to make a complaint. Suitable arrangements were in place to respond to any complaints and concerns.

Systems and procedures were in place to monitor the quality and effectiveness of the service. People, their relatives and professional visitors to the home were consulted to provide feedback on the service. Feedback received was positive and complimentary about the home.

The registered manager was proactive and visible within the home. They operated an open-door policy. People, relatives and staff knew them well.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published in April 2017)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always 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 well led.

Details are in our well led findings below.

Good ●

# Mayfield Care 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team

The inspection was undertaken by one adult social care inspector.

#### Service and service type

Mayfield Care Home is a 'care home', providing care and support for up to 24 people, some living with dementia or other complex needs. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there was a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission. A registered manager is a person 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.

#### 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 all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service, three relatives and a visitor to ask their experiences of the care provided. We spoke with the registered manager, four members of care staff and a member of the domestic team.

We carried out observations in communal areas of the care home and reviewed a range of records. This included four people's electronic care records, four staff files, staff training and supervisions and records around the management and monitoring of the service. We looked at a variety of records about medicines and checked a selection of medicines for five people. We spoke to a member of staff responsible for administering medicines.

# 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Systems and processes to safeguard people from the risk of abuse

- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they felt safe living at Mayfield Care Home, both during the day and at night.
- Information and training provided staff with guidance about what to do to make sure people were protected from harm or abuse. Staff were able to tell us what steps they would take if they suspected people were being abused.

Assessing risk, safety monitoring and management

- Risk management plans were incorporated into electronic care plans. Risk assessments contained information staff needed to manage and mitigate risk
- Staff knew people well and took action to manage risks posed to people. For example, staff outlined the specific approaches they used to reduce people's levels of anxiety so that they remained safe.
- Guidance was available for staff on how to manage people safely. For example, care plans contained evacuation plans. These informed staff about specific support people needed in the event of an emergency.

Staffing levels and recruitment

- There were sufficient numbers of staff employed at the home to meet people's needs. We saw care and support being provided promptly during our inspection.
- We looked at four staff files during the inspection and found recruitment practices were safe. This included carrying out disclosure barring service (DBS) checks, seeking references from previous employers and the provision of mandatory training. DBS checks help employers make safe recruitment decisions as they identify if a potential employee has had any convictions or cautions.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff. The provider had policies in place regarding the safe management of medicines, including competency checks on staff.
- Staff had a list of people who needed to receive specific medicines prior to having food. People received medicines at the right times so that they remained effective.
- A medicines audit undertaken by a pharmacist had resulted in no issues being identified. The home continued to manage medicines safely.

Preventing and controlling infection

- We detected no malodours around the home on the day of our inspection.
- People and family members we spoke with spoke highly of staff with regards to the cleanliness of the

home.

- We saw that staff had access to disposable gloves and aprons when providing personal care and hand sanitizers were situated around the home.

Learning lessons when things go wrong

- The registered manager was able to demonstrate lessons had been learned following any accidents or incidents. Appropriate professionals had been contacted and consulted to help try and resolve an issue with a person's placement.



# 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 good. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support achieved good outcomes for people.

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

- We observed the meal at lunch time and judged that the dining experience could be improved for people. The small dining room contained notices on display for staff and there was little interaction between people and staff. We brought this to the registered manager's attention who removed the notices immediately.
- People's specific dietary needs were communicated to all staff. Staff employed in the kitchen were aware of any recommendations made by health professionals, for example speech and language team.
- People had their weight monitored to ensure they were receiving enough to eat and drink. Charts were in place to help with this and information was recorded on electronic care plans.

We recommend the service explores ways in which the meal time experience can be improved for people.

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

- Doors to people's rooms had names and photographs on, but these were small and not adapted to the needs of people with limited vision or dementia. This was immediately rectified by the registered manager.
- There was signage around the home but this was not particularly dementia friendly. Dementia-friendly changes to the environment had been identified as a priority for the service in the provider's 2019-20 Business Plan we received following the inspection. Signage more suited to meet people's needs was earmarked for installation.
- We saw that people had personalised their own rooms according to their own tastes. One person we spoke with considered their room was a little dark and that the lighting could be brighter. We raised this with the registered manager who had been unaware of this. They made arrangements to rectify this by fitting brighter bulbs.
- There were spacious gardens to the front and side of the home. The home was fully accessible and people with limited mobility were able to access the gardens easily.

Staff support: induction, training, skills and experience

- Staff new to care were signed up to complete the care certificate. The home took a group approach to this and during our inspection it wasn't clear how much input individual staff had with this. Following the inspection, we received additional information which evidenced trainees also completed individual workbooks and how staff demonstrated their own knowledge and skills to achieve the care certificate.
- Staff received the training they required to do their job which included care related topics as well as health and safety issues.
- Staff we spoke with considered they received appropriate training and supervision to carry out their roles.

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

- Prior to a person being admitted to the service a pre-admission assessment was completed to ensure individual needs could be met. The registered manager took the needs of people currently living in the home into consideration before admitting new people into the home.
- The pre-admission assessment gathered information relating to people's medical, physical and emotional needs including levels of support required and any known risks.

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 manager was aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. People had been consulted about the care they received and had consented to its provision including consent for photographs and consent to care.
- Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered. The registered manager was aware of those relatives with Lasting Powers of Attorney (LPAs). An LPA is the legal authority to make decisions on behalf of a person when they lack the capacity to make a specific decision.
- Where required, DoLS applications had been submitted to the local authority.

Supporting people to live healthier lives, access healthcare services and support

- Care records reflected a multi-disciplinary approach to meeting people's individual needs. For example, we saw evidence of input from district nurses, GPs, podiatrists and mental health professionals.
- Staff notified relevant professionals following any changes in need. Relatives were kept informed and involved if this was the person's choice.

# 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 good. At this inspection this key question has remained the same. 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

- People were supported by staff who knew their needs, personalities, likes and dislikes.
- Our meal time observation showed that staff were patient and kind when attending to people, although we considered that interactions with people during meal times could be improved.
- We heard staff knocking on doors and talking respectfully to people during our inspection. People were consulted or given choices before care and support were provided.

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

- People continued to be involved in their care. One person we spoke with said, "It's important to me; my wishes are taken into consideration." Care plans were signed by people when they were able to do this. People were encouraged to have their annual flu vaccination. One person had declined this and staff had respected their decision.
- Records showed that where appropriate relatives were consulted about their family member's care. Two relatives we spoke with both confirmed they were kept updated and informed by the home.
- People could access an advocate and would be supported to make decisions about their care and support. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard.

Respecting and promoting people's privacy, dignity and independence

- Staff were keen to ensure people's rights were respected and not discriminated against regardless of their disability, culture or sexuality. People were provided with their own room key if this was their choice.
- People were supported to maintain and develop relationships with those close to them. There were no restrictions on visitors.
- People's right to privacy and confidentiality was respected. Staff were patient and reassuring in their approach, providing words of encouragement to people where necessary. If people did not want to engage in activities or with staff then this was respected.

# 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 good. At this inspection this key question has remained the same. 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

- Records showed people had their needs assessed before they moved into the home. The home could establish it was able to meet their needs before the person moved in.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Staff were also aware of people's life histories and made conversation with people based on their past experiences.
- Staff involved people in formulating their care and support plan on admission to the home and responded well to their needs. The registered manager looked to improve the quality of care for individuals in ways that were meaningful to them. One person carried a small bag on their walking frame. The home had supplied this so that the person could remain safe whilst keeping their mobile phone close to them at all times.

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 and their relatives told that there was a programme of organised activities at the home, although these were not rigid. The home did not employ an activities co-ordinator as all staff were responsible in ensuring people engaged in activities, if this was their choice.
- The registered manager outlined the variety of activities and events that people participated in, including a picnic in a local park to celebrate Dementia Action Week. Entertainers were regular to the home and we saw people joining in with a chair exercise programme on the day of our inspection. People who weren't able to take part enjoyed watching. It was a fun session that generated lots of chat.
- We saw that some people were happy to remain at the home, either staying in their room or spending time in communal areas of the home. People were provided with a quarterly newsletter keeping them up to date with future events going on in the home.

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 communication needs were recorded in electronic care records. This provided staff with information on how best to communicate with them.
- The registered manager considered people's communication needs when producing documents about the home. In the event of a language barrier the registered manager was aware how to access resources to help with this.

- One person had a visual impairment and staff were instructed to explain things to them clearly so that they were able to understand and could respond.

#### Improving care quality in response to complaints or concerns

- People were provided with information about how to make a complaint and we saw that the service had a complaints policy and procedure.
- The home received compliments in the form of thank you cards. One card on display was from a relative and thanked staff for their kindness. It said how their family member had regained their 'spark and energy' following a recent short stay at the home.

#### End of life care and support

- The service worked in conjunction with community nurses and other health professionals to ensure people received good care at the end of their lives.
- People's end of life wishes were recorded if this was their choice. Staff had completed training on end of life and palliative care.
- The registered manager was introducing reflective practice in this area for staff. Following a person's death in the home after end of life care the manager planned to reflect with staff on the care given to see if this could be improved. The registered manager also saw it as an opportunity to check on the welfare of staff who could be affected by the death of a resident.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred 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 was aware of their obligation to notify CQC of all of the significant events occurring within the home.
- The home informed relatives of any concerns with people's health or if an accident had happened, fulfilling their responsibilities of the Duty of Candour. This is a legal requirement to be open and honest when things wrong.

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

- The home had a registered manager in post, a condition of the provider's registration with CQC, providing guidance and leadership. They received support from the provider, a deputy manager and senior staff. We found the management team were committed in trying to improve the lives of people living at the service.
- We saw the registered manager had undertaken audits which were used effectively to monitor and improve the quality of the service provision.
- The CQC inspection rating from our last inspection was displayed in the home, as is required by law.

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

- There were systems in place to check the quality of the service. These included monitoring and reviewing of care plans, medicines, competencies of staff and health and safety checks.
- Providers are required by law to notify us of certain events in the service and records showed we had received all the required notifications in a timely manner. The registered manager was aware of their responsibilities with regards to the regulatory requirements.
- Staff training compliance was recorded and monitored and supervision of staff was ongoing. We made the registered manager aware of our concerns in relation to the training and learning acquired by staff undertaking the care certificate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought views from people, their relatives and health professionals about how well the service was supporting people with annual questionnaires. The results we saw from the latest survey were very complimentary of the service, with people awarding the home the maximum score in the

main. Three GPs had responded with positive comments.

- The registered manager had an 'open door' approach which meant they were easily available to people, relatives and staff. They were a 'hands on' manager in the home and both people and staff we spoke with considered they were approachable and fair.
- Staff meetings provided staff with the opportunity to share their views with the management team and for important information to be discussed. Staff we spoke to told us they would be listened to and supported by the registered manager if they raised any concerns.

Continuous learning and improving care

- The home used an electronic care management system. The registered manager paid an annual subscription which gave them access to regular updates. Care plans were improved as a result of these updates.

Working in partnership with others

- The manager was aware of and used resources made available to them by the local authority and clinical commissioning team to help support the home. They approached relevant health care professionals for advice and guidance when necessary.
- People living at Mayfield benefitted from the partnership working with other professionals, such as GPs, nurses and a range of therapists.