

Mayfair Residential Home Limited

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Inspection report

Marine Road East
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Lancashire
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Tel: 01524411836

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mayfair Residential Home is a residential care home registered to accommodate up to 45 people in need of personal care. Accommodation is provided over three floors with single rooms and three double rooms. On the day of the inspection, there were 30 people living at the home.

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

Substantial improvements had been made around fire safety issues seen at an earlier inspection. This included structural measures, staff training and evacuation processes. Other environmental safety concerns had been addressed and we were assured the environment was safe.

Medicines were managed and stored safely. People received their medicines as prescribed by health care professionals.

Staff were recruited appropriately and there were robust systems to ensure they were safe to work with vulnerable people. There were sufficient staff available to support people.

People were protected from abuse and they said they felt safe living in the home.

Infection, Prevention and Control (IPC) processes were thorough. We were assured about the service's ability to mitigate the transmission of infections.

Safe visiting processes were in place to ensure people could see visitors when they wished and could maintain relationships that were important to them.

The home worked in partnership with other organisations and relatives to provide effective and consistent care.

People were happy with the way the service was managed. Staff and people's views and opinions of the service were sought and acted on.

The provider had a system of checks and audits to make sure the service provided consistently good care and support to people. There were robust and up to date policies to guide staff and management about how people should be supported and how the service should be run.

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

Rating at last inspection

The last rating for this service was 'Requires improvement' (published 30 July 2021). The service was in breach of the regulations.

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.

Why we inspected

This inspection was carried out to follow up on improvements we told the provider to take at the 2021 inspection. As a result, we undertook a focused inspection to review the key questions of 'Safe' and 'Well-led'. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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.

The overall rating for the service has changed from 'Requires improvement' to 'Good' based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayfair Residential Home on our website at www.cqc.org.uk

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mayfair Residential Home Limited

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

The inspection team consisted of an inspector.

Service and service type

Mayfair Residential Home 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.

Inspection activity started on 16 March 2022 and ended the same day.

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, commissioners and professionals who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

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.

During the inspection

We spoke with three people who used the service. We spoke with five members of staff including the registered manager, deputy and a senior care worker. We also spoke with a provider representative who was a director of the provider company. We looked at a variety of records to gather information and assess the level of care and support provided to people. We reviewed two care records. We also considered a variety of records relating to the management and governance of the service.

We looked around the home in both communal and private areas to establish if the environment met the needs of people who lived there.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

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 'inadequate'. At this inspection, this key question has improved to 'good'. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection, we found risk was not always identified and acted upon in a timely manner and staff did not always have the required skills and training to ensure they provided care and support safely. These issues were breaches 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, management and senior staff assessed and managed risks to people's health, safety and wellbeing. At the last inspection, there were risks to people because of the poor management of renovation works. This included fire safety and concerns around the evacuation of people in the event of an emergency. At this inspection we noted substantial improvements in all of these areas.
- The provider had implemented an automated advanced system of protection that was ahead of legal requirements and had been certified and checked by independent experts. Other environmental safety concerns had been addressed and this included ensuring guidance had been followed to prevent people falling from height.
- All staff had been properly trained around fire safety and this included basic fire-fighting and other training to prepare them in the event of a fire. Staff confirmed they had received this training and said they felt confident in acting in the event of an emergency.

Using medicines safely

At our last inspection, we recommended the provider acted consistent with their own policy, consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Medicines were stored and administered safely. This included the safe storage of oxygen cylinders. The registered manager, deputy and staff followed safe processes to ensure people's medicines were provided consistent with health care professionals' instructions.
- The administration of controlled drugs was consistent with guidelines. These are medicines that can be abused but the service had strict protocols around their use, storage and disposal.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Staffing and recruitment

At our last inspection, we recommended the provider reviewed good practice guidance in relation to planning and implementing safe staffing levels in the home. The provider had made improvements.

- Safe recruitment procedures were followed. Checks with previous employers in health and social care and other pre-employment considerations had been made in the recruitment files we considered. There were also checks into staff members' identity, right to work and criminal records.
- There were enough staff employed. The staffing rotas supported this. Since the last inspection a review of staffing shifts and rotas had been completed in conjunction with senior staff. This had resulted in a new shift pattern that a staff member said would help to ensure the service was consistently staffed with the right level of staff.
- There was an 'on-call' system at night when staff had access to management to guide and assist in the event of issues such as safety incidents. People told us staff were available to support them appropriately.

Preventing and controlling infection

At our last inspection, we recommended the provider reviewed processes to ensure good infection prevention measures were embedded throughout the home. The provider had made improvements.

- 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 can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating safe visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager ensured people were protected from the risk of abuse. People told us they felt safe living in the home.
- Staff had access to appropriate training and understood how to raise any concerns about poor practice. Staff said they were confident the provider and managers would act quickly to keep people safe if they reported any concerns.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns.

Policies and procedures provided guidance to staff and supported the priority of keeping people safe.

- The registered and deputy manager provided oversight of incidents. This helped to establish if there were any trends or patterns and whether appropriate action had been taken to keep people safe.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. This included sharing the outcome of incidents with the staff team to further improve the safety of the service.

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 improved to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection visit, the provider had failed to implement management systems that were robust enough to demonstrate the service was effectively managed. 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.

- The provider's systems to monitor and oversee the quality of the care and support to people and any environmental risks were effective and had been embedded within the fabric of the service.
- The registered and deputy managers were clear about their roles and responsibilities. Their practice, and day to day management of the home served to advance the best interests of people and support staff in achieving this goal.
- People and staff told us the registered and deputy managers were visible, approachable and supportive. We observed good interaction between management and staff and people living in the home.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.

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

- People received person-centred care and support. Plans of care were well written, person-centred records, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from the staff members we spoke with was positive. They said they enjoyed working at the home and were well supported.
- People said they felt staff and management valued their views and acted on this to provide person-centred care and support. As noted in the 'Safe' section of this report, we saw the provider had consulted extensively with senior staff to ensure safe staffing levels following a recommendation at the last inspection.

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 and deputy managers told us they were always honest with people if things went wrong

and, where appropriate, would make referrals to the local authority safeguarding team. Staff also understood the importance of reporting accidents and keeping families informed.

- Where appropriate, we noted the registered manager provided apologies to people and their relatives when something had not gone according to plan. This supported the principles behind duty of candour were recognised within the culture of the service.

Working in partnership with others

- Records showed, where appropriate, advice and guidance was sought from health and social care professionals. Family members were also kept informed of developments in their loved one's care and support requirements.