

Littleton Holdings Limited

Mayfield House

Inspection report

Mayfield Mews
Crewe
Cheshire
CW1 3FZ

Tel: 01270500414
Website: www.mayfieldhousecarehomes.co.uk

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mayfield House is a care home providing personal care and accommodation to 49 people living with different health needs, including dementia, at the time of the inspection. The service can support up to 51 people in one purpose built, two storey building.

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

We found that improvements were required in the way the service identified, assessed and reduced the risk of injury presented by people's living environment. Some potential hazards had not been identified. No harm had been caused by this and the manager took effective action to ensure risk was minimised during the inspection.

Staff recruitment records showed that effective recruitment procedures had not always been followed in accordance with good practice. The registered manager acted during the inspection and completed all outstanding checks to ensure that staff had been recruited safely. We recommend the service develops and implements a quality assurance checklist designed to ensure that all required recruitment checks are in place before the relevant person starts work at the home.

People told us they were supported and treated with dignity and respect, but not always involved as partners in their care. People had been involved in the assessment of their needs, but improvement was needed to ensure that they were also involved in the development of their care and support plans.

The service had a suitable policy and procedure for investigating complaints, but improvement was required to ensure all complaints were acted upon, investigated and taken seriously.

The registered provider had not always notified the Care Quality Commission of incidences of abuse or allegations of abuse.

The systems in place to monitor the quality of the service were not always effective and had not highlighted the concerns identified during this inspection. The registered manager and management team were open and transparent and took immediate action to make necessary improvements and ensure people received safe and effective care.

Effective safeguarding systems, policies and procedures ensured people were safe and protected from abuse. People living at Mayfield House and their relatives told us that their experience of using the service was good overall. People told us that they felt safe and their relatives told us that they were confident that their loved ones were safeguarded from avoidable harm. Safeguarding concerns were responded to and managed effectively.

There was enough suitably trained and experienced staff who had good relationships with the people who

used the service.

Medicines were managed safely and effectively.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene in the premises.

Staff benefited from ongoing training including the nationally recognised qualifications in health and social care.

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 were supported to maintain a balanced diet and were able to access health care services as and when needed.

Visiting health care professionals spoke highly of the staff and management team, reporting that they worked in partnership with them to ensure that people's health care needs were met.

Morale amongst the staff team was high. Staff told us that they appreciated support, guidance and direction of the management team and all without exception said they were proud to be associated with the service and the standard of care and support provided.

The management team demonstrated a commitment to improving the service and delivery of person-centred, high quality care by engaging with everyone using the service and stakeholders.

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 Good (report published 10 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to complaints and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our effective findings below.

Requires Improvement ●

Mayfield House

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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mayfield House is a 'care home'. 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.

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 spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, the administrator, the senior

team leader, a team leader, two senior care assistants, five care staff, the maintenance operative and the chef. We also spoke with three visiting health care professionals including a doctor, a nurse practitioner and a community nurse. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included multiple people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager which included confirmation appropriate recruitment checks had been completed and action taken to address issues with the premises.

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 now deteriorated to requires improvement. 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.

Staffing and recruitment

- There was enough staff on duty to meet people's needs and to ensure their safety and wellbeing. A dependency tool was used to ensure staffing levels were appropriate.
- The provider had effective policies and procedures for the safe recruitment of staff. However, we found that these had not always been put into practice. Application forms had not always been completed in accordance with the providers policy and gaps in employment had not been explored with the candidate at interview.
- The registered manager addressed these issues at the time of inspection and brought the relevant staff recruitment records up to date.

We recommend the service develops and implements a quality assurance checklist designed to ensure that all required recruitment checks are in place before the relevant person starts work at the home.

Assessing risk, safety monitoring and management

- The environment was not always safe for people using the service.
- We found that the conservatory lacked ventilation because windows had been screwed down in shut position. It was an exceptionally hot day and both the people who lived at the home and staff told us they were uncomfortably warm.
- A fire door in the ground floor sensory room had a faulty catch which meant the door was not secure and there was no accessible mechanism to open the fire door in the event of a fire if the catch was fixed. This fire door was fitted with an alarm, but the alarm was faulty so did not sound when the door was opened.
- We found that another fire door on the first floor was fitted with an inverted handle placed above shoulder height which meant some people may not be able to open it in the event of a fire.
- We found no evidence that people had been harmed by these potential hazards and the registered manager and provider responded immediately during and after the inspection to ensure people were safe and comfortable
- Appropriate action was taken to rectify all the issues noted above
- Risks to each person's individual health and safety had been assessed effectively based on their individual needs and circumstances. People's care and support plans contained a wide range of assessments identifying potential risks. Where appropriate measures were in place to reduce risk and ensure people were safe.

Systems and processes to safeguard people from the risk of abuse

- People living at Mayfield House told us that they were safe. Four visiting relatives told us that they were confident that their relatives were safe and well cared for. One relative said: "this is a very good home, very good I would say, (person) has lived here for 3 years and is very well looked after, oh yes (person) is very safe there is always at least one staff member in the lounge at all times".
- Staff were aware of safeguarding responsibilities and had confidence in the registered manager and provider to address any concerns.
- A representative of the local safeguarding authority provided information which showed us that the registered manager and staff worked in partnership with other professionals to ensure people were safe and protected from abuse and avoidable harm.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and had access to relevant guidance regarding the administration of medicines on an as and when required basis.

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 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

- Assessments of people's care needs, and personal preferences had been carried out with the person or their representative and were reviewed and revised periodically or when the person's needs had changed.
- People were involved in discussions about their care and their outcomes were good. All the people we spoke with had something positive to say about the staff and the standard of care provided. For example, one person said: "I'm content living here, the care staff are very good, they treat everyone with respect". A visiting relative said: "This is a really nice home, very nice staff I can't fault them. I trust them completely they keep me informed about what is going on".
- We could see from the records that some people had not always been involved with the development of their care plans. The registered manager registered manager was addressing this and at the end of our inspection we could see that satisfactory progress was being made.

Staff support: induction, training, skills and experience

- New starters completed induction training which included shadowing experienced staff to ensure they were competent before they could work unsupervised. Staff who did not have an appropriate National Vocational Qualification (NVQ) were encouraged and supported to complete the care certificate. The 'Care Certificate' is an identified set of standards for health and social care workers
- All staff spoken with presented as skilled and knowledgeable. The training matrix showed that staff received training in a variety of appropriate and specialist topics to guide them in their role
- Staff told us that they were well supported and appreciated the support and direction of the management team. Records showed that staff received regular group and individual supervision.

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

- Records showed that people were offered and where necessary supported with sensitivity and care to eat a balanced and nutritious diet.
- People had access to drinks and snacks throughout the day and fresh fruit was available in bowls for people to take as they chose.
- Nutritional assessments, risk assessments and care plans were detailed with each person's individual needs and kept under review.
- Overall people were satisfied with the quality and quantity of meals served. One person said: "The food is good, yes there is choice and the menu is varied".
- As part of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We carried out the SOFI over a meal time and could see that the dining experience was relaxed, pleasant and sociable.

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

- People told us that their health care needs were met.
- We spoke with three visiting health care professionals as part of this inspection, a doctor, a nurse practitioner and a community nurse. All spoke highly of the management and staff teams and the standard of care provided.
- People had routine access to healthcare professionals and had been referred to specialists when required. A visiting relative said: "If (person) needs to see the doctor they are on to it straight away, they are very good like that".
- Information regarding people's changing health needs was shared between staff during shift handovers, and people's care was adjusted as required.

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

- The design and layout met the physical needs of people living at the home.
- Technology and equipment was available to meet people's care and support needs.

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. We found that they were.
- People were supported to be involved in daily decisions about their care and staff sought their consent.
- We saw examples of completed mental capacity assessments for specific decisions and appropriate DoLS applications to the local authority.

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 now 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. Respecting and promoting people's privacy, dignity and independence.

- Staff continued to be consistently caring. They treated people with kindness, respect, promoting choice, seeking consent and offered emotional support when needed.
- The atmosphere in the home was warm and welcoming. We could see that staff had developed good relationships with people. Staff were seen to be genuinely caring and kind when providing support.
- All people spoken with praised the standard of care provided. Comments included, "The staff are very good, excellent, they are well trained and have a great attitude."
- Without exception all family members spoken with made positive comments about the home and the standard of care provided. One relative said: "This is a very nice home all the staff are lovely (person) is always clean and well dressed and always dressed suitable for the weather. They are doing a good job keeping (person) cool. No doubt (person's) needs are met, I was involved in assessment process, they know (person) and their needs very well and they keep me us informed",.
- Observations showed that staff provided compassionate care, and treated people with dignity and respect.
- Staff had an understanding of each person's individual needs and personal preferences. They understood and supported people's communication needs and choices. They showed skill in their interactions with people.
- Records relating to people's care were secure and confidential.

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

- People, along with family members, were encouraged to share their views about the care provided in care plan reviews, surveys and meetings with the manager and staff.
- Some of the people who lived at the home and visiting relatives told us that whilst they had been involved in assessment of their or the person's needs but had not always seen or agreed care plans. The registered manager acted to resolve this and by the end of the inspection significant progress was being made.

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 now deteriorated to Requires improvement: This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had an established complaints procedure, but this was not being used effectively to ensure that all complaints were recorded and investigated thoroughly and in a timely way.
- Complaints records showed that a complaint made in June 2019 had not been investigated thoroughly. We looked through the relevant person's care records and found that there was an additional aspect of their complaint which had not been recorded in the complaints records and had also not been investigated.
- We spoke with the person and a visiting relative who told us that they had raised concerns, and although they had received a response it was not satisfactory, and their concerns had remained largely unresolved.

This demonstrates a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Receiving and acting on complaints. The registered manager responded immediately during the inspection. They met with the person and undertook a full investigation of their concerns.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, their families and/or carers were involved in developing arrangements for their care and support but had not always been shown their care and support plans or asked to agree them.
- The provider was in process of rewriting care plans with the involvement of each person and by the end of the inspection we could see that significant progress was being made.

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.

- Care plans contained information of how to support individual communication with people.
- Staff were familiar with each person's communication needs and were observed to encourage and enable people to express their needs and wishes.
- Staff were able to access a sign language interpreter when needed, documents could be produced in various formats and information technology, including iPad's, where available to assist people with communication.
- Pictorial menus were used, when necessary, to enable people to make an informed choice.

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

- The atmosphere in the home was always sociable, welcoming and friendly and on one day a visiting entertainer was playing an electric organ and singing popular songs which many people seemed to enjoy.
- There was a range of activities on offer on a group or individual basis and people's hobbies and interests were supported. One person who had an interest in gardening gave us a guided tour of the garden showing us what they were growing and the improvements they had made. They also told us that from time to time they would venture out into the local community and how staff supported them in this.
- Opportunities provided by developments in information technology were being embraced. Wi-Fi was available for people, to use the internet and help stay in touch with others and a virtual reality head set was used to offer people a range of entertaining experiences not usually available in a care home.

End of life care and support

- End of life care plans were either in place or in the process of being developed with the involvement of the person and their families and loved ones.
- All three visiting health care professionals spoken with as part of this inspection made positive comments about the staff teams' responsiveness when supporting people at the end of their life.
- Staff had received training on end of life care from the nurse practitioner, district nurses and a doctor worked closely with the people who lived at the home and staff in the development of sensitive and effective end of life care plans.

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 now deteriorated to Requires improvement: 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.

Continuous learning and improving care Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider had policies and quality assurance procedures, but these were not always being used effectively to ensure that people received high-quality person-centred care.
- Potential hazards' presented by a fire doors with faulty or inappropriate locking mechanisms, and one with a faulty alarm system had not been identified during the home's routine quality checks.
- Records including complaints records and staff recruitment records were not always maintained in accordance with good practice or the requirements of the regulations.
- Diner time Audits had not been completed in May and June 2019 as required by the provider's quality assurance system and the June audit was signed off as completed.

Whilst there was no evidence that any person had come to any harm these failures had potentially placed people at risk of harm or receiving poor care. This was a breach of Regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and provider had not notified the Care Quality Commission (CQC) of all allegations of abuse. We found no evidence that people had been harmed by these omissions. The registered manager had notified the care Quality Commission of some notifiable incidence but explained that they had misunderstood the requirement to notify the CQC of all such incidences and rectified this during the inspection.

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

- The registered manager was person centred in their approach and actively promoted a culture of person-centred care by engaging with staff, everyone using the service, their family members and loved ones and other health and social care professionals.
- The registered manager had identified that further developments were required to ensure quality person-centred care plans were in place and took action to make necessary improvements during this inspection.
- Morale amongst the staff team was high. Staff told us that they appreciated support, guidance and direction of the management team and all without exception said they were proud to be associated with the service and the standard of care and support provided.
- Learning took place from accidents and incidents to improve the service.

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

- The service continued to involve people and family members in discussions about the quality of care provided.
- Family members and other visitors were welcomed and there were no restrictions for visitors creating a warm and inclusive environment.
- Staff felt involved in decisions made about the service; and were confident sharing their ideas and views and felt they were listened to.
- Managers and staff worked in partnership with other agencies to ensure good care. Visiting health care professionals spoke highly of the staff and management team commending them on their enthusiasm and working in partnership to develop and improve standards of care in the home.

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 open and honest with us when our inspection identified areas for improvement.
- Where complaints investigations had identified areas for improvement an apology was given and course of action to rectify issue confirmed.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider had not always recorded and investigated complaints made by or on behalf of people who used the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not always operated effective processes to assess, monitor and mitigate risks to the health and safety of people who used the service.