

Farrington Care Homes Limited

The Mayfield

Inspection report

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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

The Mayfield is a residential care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 23 people in one adapted building.

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

When we inspected The Mayfield there was an outbreak of COVID-19 at the home. The registered manager had worked with the commissioning local authority and specialist infection control specialists to ensure that people were supported as safely as possible whilst isolating. Additional staffing had been provided to ensure people received the support they required. We found the home was clean and well-presented and staff were following current guidance in relation to the control and prevention of infection in care homes. Infection control nurses had visited the home regularly to provide training and support to staff. All staff, including agency staff had received regular testing for COVID-19.

At our previous inspection of the home we found that cupboards in the kitchen were smeared and some laundry fluids were not safely stored. At this inspection we saw that the provider had taken action to address these issues.

People's medicines were stored and administered safely. Staff administering medicines had received appropriate training and assessments of their competency.

The home had carried out regular risk assessments of people, premises and care practice. These had been regularly reviewed and updated when there were changes.

Staff were recruited in a safe way. Appropriate checks, including checks of references and criminal records had been carried out prior to appointment.

The home's policies and procedures were regularly updated and reflected best practice and current guidance for care homes. Regular quality assurance monitoring had been carried out and actions had been taken to address any concerns. People and their family members had been asked for their opinions about the care provided at the home.

The registered manager had worked in partnership with other professionals to ensure people received the care and support they required.

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 7 June 2019).

Why we inspected

This was a focused inspection carried out due to an outbreak of COVID-19 at the home.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report. The provider had taken effective action to mitigate risks to people.

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.

The Mayfield

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with one person who lived at the home and four staff members including the registered manager and three care staff. We spoke with a visiting infection control nurse.

We reviewed a range of records. We looked at five care records, multiple medicines records and five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four relatives of people living at the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

We inspected The Mayfield following information about a COVID-19 outbreak amongst people who lived at the home. We spoke with an infection control nurse who was visiting the home. They advised that staff had been responsive in managing the outbreak of COVID-19 and improving their practice.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. At our previous inspection of the home we found that the surfaces of kitchen cupboards were smeared and some laundry materials were not safely stored. At this inspection we found that these issues had been addressed.
- 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 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.
- We were assured the provider was facilitating 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 had policies and procedures in place to safeguard people from harm or abuse.
- Staff had received training on safeguarding adults. They understood their responsibilities in ensuring that people were protected from the risk of harm. They knew the importance of immediately reporting any suspicions of abuse or poor treatment.
- The home maintained a record of safeguarding concerns. We noted there had been no safeguarding concerns since our previous inspection.
- Family members said that they had no concerns about the safety of their relatives. A family member said, "I know there are issues with [COVID-19] now, but I think the staff ensure [relative] is safe from other harm. They always let me know if there are any problems."

Assessing risk, safety monitoring and management

- Personalised risk assessments had been developed for people living at the home. These had been reviewed regularly and updated when there were any changes to people's needs.

- People's risk assessments covered a range of identified needs, such as health, mobility, falls, skin integrity and nutrition. They included guidance for staff members on how to support people in ways which reduced risk to people's safety and well-being.
- Equipment such as hoists for supporting people to transfer and the home's stair lift had been regularly serviced.
- Regular health and safety monitoring of the building had taken place. Inspection and servicing of fire equipment, gas and electrical safety and portable electrical appliances had been carried out. ● Staff had received fire safety training and regular fire drills had taken place. Personal emergency evacuation plans had been developed for people which provided information about the support they required should there be a need to evacuate the building in an emergency

Staffing and recruitment

- Staff were recruited safely. The provider had carried out checks of references and criminal records to ensure that new staff were of good character and suitable for the work they were undertaking.
- Staff members received an induction when they commenced working at the home and regular training and supervision was provided throughout their employment. During the outbreak of COVID-19 at the home an infection control nurse had visited regularly to provide additional training and guidance to staff and management.
- We saw there were enough staff on shift to support people's needs. Call bells were responded to promptly.
- Additional staffing had been provided to ensure that sufficient support was available to people who were 'isolating' in their rooms having tested positive for COVID-19. The provider was using agency staff and we noted that they had received training on infection prevention and control and were required to take a COVID-19 test prior to each shift they worked.
- The registered manager had been working with local authority staff to develop a dependency tool which they planned to use to assess the home's staffing needs.

Using medicines safely

- Staff had received training in medicines administration. A staff member we observed administering medicines confirmed they had received appropriate training. The registered manager had carried out assessments of staff competency in administering medicines.
- Information about the medicines that people were prescribed was included in their care records. Staff had guidance on when and how to give people 'as required' medicines, for example, for the relief of pain.
- Medicines administration records (MARs) were accurately completed.
- Medicines were securely stored and maintained at safe temperatures.
- Regular audits of medicines management and administration had taken place. We noted the home's monthly medicines monitoring form did not include monitoring of temperature checks and medicines errors. The registered manager said they would ensure the forms were revised to ensure this information was recorded as part of the monitoring process.
- The provider had policies and procedures covering the safe administration of medicines. These were up to date and reflected good practice guidance. We discussed with the registered manager the benefits of providing easily accessible step-by-step guidance for staff on actions to take in case of a medicines error. They told us that they would ensure this was provided.

Learning lessons when things go wrong

- A visiting infection control nurse told us that management and staff at the home had responded well in managing the current outbreak of COVID-19.
- The registered manager had worked with other professionals to develop improved practice in relation to

infection prevention and control.

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

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

- Care staff spoke positively about the management of the home. They told us they received the training, information and support they needed to carry out their roles.
- Family members of people living at the home told us they had received information about their relatives and were engaged in meetings about them. A family member said, "I've been able to speak with [relative] on video calls. I'm not sure they understand, but I can see they are in good health and well supported." Another family member told us, "I've been asked to get involved in reviews of my [relative]'s 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 provider had sent notifications to CQC about care matters as required by legislation. We were shown records of these which we noted were in accordance with what we knew about events at the service.
- The home's records showed that incidents or concerns were promptly reported to the commissioning local authority and other key professionals.

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

- The provider had systems in place to monitor the provision of care and safety at the home. Regular checks had been carried out. Immediate action had been taken to address issues and concerns following quality checks. However, the records of quality checks were not always clear about what actions were required and when they were taken. The registered manager told us they would add action activities sections to the forms to ensure clarity of information.
- Regular quality monitoring included checks of care records, medicines records and safety. The registered manager told us that during the COVID-19 pandemic the provider's on-site quality assurance monitoring had not taken place to ensure the safety of people and staff. However, we saw evidence that the provider's on-site monitoring was due to re-commence.
- The registered manager and staff members understood their roles and responsibilities.

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

- People and their family members had been asked for their views about the care provided at the home.
- Staff working at the home were able to communicate with people whose first language was not English.

- People's care records included information about their communication needs, along with guidance for staff on how to meet these.
- A family member said, "[Registered manager] is good at letting me know if there are any concerns about [relative]."

Continuous learning and improving care

- Staff had improved their practice in infection prevention and control and had actively engaged in training.
 - The home had developed a falls prevention strategy and staff had engaged in training around this.
- Records showed that there had been a reduction in the number of falls experienced by people.

Working in partnership with others

- During the recent COVID-19 outbreak at the home the registered manager and staff had worked in partnership with the local authority, infection control specialists and other professionals to ensure people were supported safely and staff had the resources they required.
- The registered manager regularly participated in a range of meetings to ensure that they remained up to date with best practice issues and guidance.