

Mayfair residential care home Limited

# Mayfair Residential Care Home Ltd

## Inspection report

42 Esplanade  
Scarborough  
North Yorkshire  
YO11 2AY  
Tel: : 01723 360053  
Website: [www.mayfaircs.co.uk](http://www.mayfaircs.co.uk)

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### Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service well-led?

Requires improvement 

### Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 October 2014 and found a breach of legal requirements. Staff had not always acted in a timely manner when there were risks to people's health and there was not an effective quality assurance system in place which could identify risks to people's health and wellbeing.

Following the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. We undertook an unannounced focused inspection on the 7 May 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only

covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Mayfair Residential Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk)'

Mayfair Residential Care Home provides accommodation and personal care for up to 19 people. On the day of our inspection the service was providing support for 16 older people. Four of those people were living with dementia. The service is a Victorian House situated on the Esplanade in Scarborough which is close to bus routes and local amenities as well as the cliff lift which takes people to the beach.

There was a registered manager at this service. A registered manager is a person who has registered with

# Summary of findings

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 and associated Regulations about how the service is run.

We found at this inspection that care planning had improved and risks to people's health were being assessed properly. The service had purchased a new system for the management and quality assurance of the service which was being put in place. This included tools and guidance around care planning and risk assessment. The service had started to reassess people's needs and put new care plans and risk assessments in place.

Because the system was not yet fully operational we found that the quality assurance systems were not fully utilised which meant that although improvements were being made the service still had work to do to ensure that the quality of the service continued to improve.

**We have recommended that the service look at good practice guidance around care planning and risk assessment in order to continue their improvements.**

**We have recommended that the service continue to follow good practice guidance around quality assuring a care home.**

# Summary of findings

## 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 consistently safe.

People at the service told us that they felt safe

The risk assessments in the new format were linked to the specific needs of people

Although the registered manager had started to use a new system to capture people's needs and risks in order to write a care plan these had not all been completed.

Requires improvement



### Is the service well-led?

The service was not consistently well led.

Staff, relatives and resident meetings were held and people's views listened to.

Staff and relatives told us that they were supported by management.

The service had purchased a new quality assurance system which they had begun to put in place. However this was not fully operational at the time of our inspection.

Requires improvement



# Mayfair Residential Care Home Ltd

## 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.

We undertook an unannounced focused inspection of Mayfair Residential Home on 7 May 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 22 October 2014 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the service was not meeting some legal requirements.

This inspection took place on 7 May 2015 and was unannounced. The inspection was conducted by one inspector.

Prior to the inspection we reviewed the Provider Information Return (PIR) that the provider had supplied to

us before the inspection on 22 October 2014. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to supply a further PIR for this inspection.

We also reviewed information about this service that was held by CQC which included the statutory notifications that had been made and the action plan that had been sent to us by the service following the 22 October 2014 inspection.

We spoke with four people who used the service, two care workers, the registered manager and a director. Prior to the inspection we contacted local authority commissioners who told us that they had no current concerns. We also looked at care and support files for three people who used the service as well as their medication records and risk assessments and documents relating to the running of this service. These included audits, staff, relative and resident meeting minutes and other records that were relevant.

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.

# Is the service safe?

## Our findings

At our comprehensive inspection of Mayfair Residential Care Home on 22 October 2014 we found that care plans did not always fully reflect the level of support people were receiving or how their needs should be met. We also found that action had not been taken to address aspects of care which could impact on two people's welfare around weight loss, frequency of falls and blood sugar monitoring. Risk assessment documentation had been generic and had not detailed risks and how they could be minimised by staff.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspection on 7 May 2015 we found that the provider had followed the action plan they had sent us to meet the shortfalls in relation to the requirements of Regulation 9. At this inspection people told us that they felt safe. One person said when asked, "I do feel safe." Another person living with dementia showed us through their use of body language when they engaged with staff that they felt safe and secure.

The director told us that the company had purchased a new system which covered every aspect of record keeping for the service and prompted staff to complete the appropriate records. We saw that the system provided the registered manager with documentation for pre admission assessments, care planning and assessing risks to people with guidance on how they should be completed. We looked at two examples of newly completed care and support files.

The files contained a front page with contact details, details of the person's next of kin, GP and any consents required which we saw were signed. There were care plans and risk assessments for each aspect of people's care. We were able to see that one person who had been identified as losing weight had had a GP visit. The GP had then made a referral

to the dietician. The registered manager had put a plan in place which showed that the person was being weighed regularly. This meant that the service was responding to changes in need which could impact on people's welfare. This meant that there was no longer a breach of regulation although the new system would need to be checked for effectiveness over time.

However, when we looked at another person's record which had not yet been completed in the new format we saw that they did not have a risk assessment in place for a particular condition. There were district nurses notes in the file and a plan for daily blood sugar monitoring which gave staff the information they required. The registered manager told us that they were completing the new documentation as a priority and reassessing people's needs which would mean that all areas of risk would be captured. We spoke to a care worker about this person's needs and they were able to describe correctly the action they would take in the event of this person becoming unwell. This demonstrated that although the care plan had not captured the specific risks, the available paperwork and staff knowledge ensured that this person received appropriate care and support.

The risk assessments in the new format were linked to the specific needs of people. For instance one person was identified as being at risk of an allergic reaction because they were sensitive to a particular food. They wished to eat that food and so they had signed a document saying that although they were aware of the risk they would continue to do so. Another person had a risk assessment in place because of problems with their mobility. Through the use of the newly introduced system the service was identifying risks to people more effectively and recording those risks. Staff told us, "We know people so well" and the registered manager told us, "This system will help us make sure that everything we need to know about people is recorded."

**We recommend that the service continues to look at good practice guidance around care planning and risk assessment in order to continually improve.**

# Is the service well-led?

## Our findings

At our comprehensive inspection on 22 October 2014 the service did not have an effective quality assurance system in place and no audits were seen. We found this put people at risk of potentially

unsafe or inappropriate care and meant that people were not benefiting from a service that was continually looking at how it could improve.

This was a breach of Regulation 10 Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014.

At our focused inspection on 7 May 2015 we found that the provider had followed the action plan they had sent us to meet the shortfalls in relation to the requirements of Regulation 10. The director told us that the new system that was being introduced gave a clear audit schedule for the registered manager and themselves to follow. They had a clear plan in place to make improvements to the quality assurance and recording systems at this service and we saw that some aspects of that plan were in place.

We saw that audits had taken place for the environment including infection control and catering. They were planned for medicines and care plans. The director told us that they had carried out a pilot where some members of staff did the audits. This had not been wholly successful and so they and the registered manager would now complete audits. We saw that the audits for the environment completed by staff had not always captured

areas requiring improvement. The director had already identified that and was taking over the auditing themselves which meant that they were being proactive in checking that audits were completed correctly.

We saw that the service held regular staff and resident and relative meetings and these had dates planned in the future which were advertised so that people knew when they were and could attend if they wished to do so. When we looked at the minutes of the last meeting for staff on 24 April 2015 we saw that there had been discussions about required repairs, activities and food choices for people who used the service. Staff were asked for ideas to improve the service. People involved with the service were consulted.

We were told by the director that residents and visitors were always able to have access to the registered manager or themselves. This was confirmed by a relative that we spoke with who told us, "They are very helpful and I can discuss my (relatives) care with the manager anytime."

Staff were aware of their roles and responsibilities and able to describe them to us. They told us that the registered manager and director were supportive saying, "They listen to any ideas we come up with and if they do not think they are practical they explain why." Staff and relatives had confidence in the management at this service.

The regulations were now being met but further time was needed for the new arrangements to be fully implemented and their effectiveness reviewed.

**We recommend that the service look into good practice around auditing in care homes.**