

Mayfair Residential Home Limited

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Inspection report

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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 

Overall summary

The inspection visit at Mayfair Residential Home took place on 05 May 2015 and was unannounced.

Mayfair residential care home is registered to provide care for up to 45 older people who do not require nursing care.

The home is situated on the Promenade close to shops, buses and local facilities and the beach. All bedrooms are single occupancy with the exception of one twin room for

couples wishing to share. Over half the bedrooms are en-suite. There are several shared communal lounges and dining areas. At the time of the visit there were 35 people who lived at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 17 January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home told us they felt cared for, safe and secure. People's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of their preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relative's care and were informed of any changes that occurred. People who lived at the home told us their views and choices were listened to by the staff and registered manager.

We saw there were safeguarding policies and procedures in place. Staff we spoke with were knowledgeable about the actions they would take if they witnessed any abuse taking place. Sufficient staff were on duty to enable people to move around the building safely and staff were available to support people. One person who lived at the home said, "There is plenty of staff around if I need someone."

We observed medication being administered in a safe manner. We observed the person administering medication one person at a time, to minimise risks associated with this process.

Staff were trained well and they told us access to attend courses were supported by the management team. The staff members we spoke with told us they discussed their training needs in their regular formal supervision sessions. These were one to one meetings with their manager. Records demonstrated these meetings were held on a regular basis.

Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity. During the day and as part of our observations we saw examples of staff being respectful, caring and sensitive towards people who lived at the home.

We found examples where the home had responded to changes in people's needs. We saw referrals had been made to external professionals. Records were up to date and reviewed providing information for staff to deliver quality care.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of relatives and people who lived at the 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 safe.

People we spoke with including relatives and health professionals told us the service was safe and people who lived at the home said they felt secure and protected by the way the service operated.

Suitable arrangements were in place to respond to allegations of abuse.

Staffing levels were sufficient to ensure people's safety and meet their needs. Also people were protected from unsuitable personnel working in the home because the recruitment procedure they had in place was followed correctly.

Procedures were in place to ensure medicines were safely administered.

Good



Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The registered manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was responsive.

There was an established programme of activities. During our observations we noted people engaged in activities.

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review.

People were able to consent to their care. For those who could not, the service made sure that steps were taken so that decisions were made in their best interest.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The registered manager/owner carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks were regularly undertaken and identified issues were acted upon.

The registered manager/owner actively sought and acted upon the views of others.

Mayfair Residential Home Limited

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.

This was an unannounced inspection visit carried out on 05 May 2015.

The inspection was carried out by an adult social care inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had a care background with expertise in care of older people. The specialist advisor on this inspection had a social work management background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at Mayfair Residential Home. They included the owners, registered manager, nine care staff, two relatives a district nurse and 16 people who lived at the home. We also contacted Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

We had a walk around the building and looked at all areas of the premises. Part of the inspection was spent looking at records and documentation which contributed to the running of the home. They included two recruitment records of staff, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and secure and were looked after well by the staff. One person who lived at the home said, "The building is unique in its shape, but the staff are always around to help and support me. I do feel safe within the premises." Another person said, "I would prefer to be at home, well we all would but I feel safe here." A relative we spoke with said, "I am happy that he is safe here, never anything wrong. [My relative] comes in regular for respite."

We saw there were safeguarding policies and procedures in place. Staff we spoke with were knowledgeable about the actions they would take if they witnessed any abuse taking place. One staff member said, "I would not investigate but report straight away to the manager." On the day of our visit a training session was taking place on 'safeguarding adults' provided by an outside training company. Training records we looked at confirmed staff had received related information to ensure they had the knowledge and understanding to safeguard people.

Care records of three people who lived at the home contained an assessment of their needs. This led into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, falls, deprivation of liberty and mental health care. We observed a good example of safe care when staff supported a person in a wheelchair. We saw staff ensuring footrests were secure and fitted so that the person was transferred safely.

We had a walk around the building and observed staff were available to support people by providing care and support they needed. We activated the call bells and found staff responded in a timely manner. One person who lived at the home said, "I can honestly say when I have pressed the bell they don't take long." We observed call bells in rooms were in easy reach of the beds and chairs. This meant people would feel safe so they could summon help if required. One person said, "I feel safe knowing if I press the buzzer someone will come."

We looked at staffing levels the registered manager had in place to establish if there were enough staff to meet people's needs. All people we spoke with felt there was sufficient staff around to keep people safe. All staff we spoke with had no issues with the number of staff on duty.

Staffing levels had been assessed and were monitored as part of the organisations audit processes. The registered manager told us they reviewed staffing levels on a regular basis. For example when admissions went up or down, staffing levels were amended.

We spoke with staff about the recruitment process they went through and examined two recruitment files. We found correct procedures had been followed in accordance with their policy. This included references from previous employers, criminal record checks, qualifications and a full employment history. We noted the application form for staff did not request any gaps in their employment history to be explained. The registered manager told us they would amend the form immediately. The service had safeguarded people against unsuitable staff by completing proper recruitment processes and checks prior to their employment. A staff member said, "All my checks they asked for were done before I started. I then did thorough induction training."

We observed medicines being administered and checked records. At lunchtime the people who lived at the home were given their medication in individual pots. They were reminded what the medication was and encouraged to take it. We saw the staff member remained with the person until they had taken their medication.

There was a clear audit trail of medicines received, administered and returned to the pharmacy. Related documents followed national guidance on record-keeping. The registered manager told us the local pharmacist was regularly providing information on good practices so that medicines were administered safely. Medication was stored safely and only staff trained administered medicines. One staff member said, "I do give out medication because I have been trained to do so." This ensured medication processes were carried out using a safe and consistent approach by trained staff.

The registered manager undertook medication audits on a regular basis to identify any issues and underpin the safe administration of medication to people who lived at the home. Records we checked included monitoring of stock control, storage area cleanliness, record-keeping, errors and audit trails of medicines going in and out of the home.

There were controlled drugs being dispensed at the home. This medication was locked in a separated facility. We checked the controlled drugs register and correct

Is the service safe?

procedures had been followed. Remaining tablets we counted were correct with the number stored in the cabinet. This demonstrated recording of controlled drugs were administered safely and correctly.

Is the service effective?

Our findings

People who lived at the home and their relatives told us they felt their care was good and provided by experienced and trained staff. A person who lived at the home said, "They are very efficient and organised." A relative told us, "The staff are great. They're very experienced and know what they're doing."

We looked at staff training records, which demonstrated staff had qualifications relevant to their roles. This included professional qualifications for example 'National Vocational Qualifications' (NVQ) to level 2 and 3. One staff member said, "We are well supported when it comes to training courses." Training records for all staff we looked at identified when their mandatory training was due, when they had completed the course and what courses had been identified. At the time of our inspection an outside agency was presenting 'safeguarding adults' training at the home for staff members. Mandatory training consisted of fire safety, safeguarding adults and falls management.

The staff members we spoke with told us they received regular formal supervision in terms of one to one meetings with their manager. Staff told us they were approximately every two months. They also told us their performance was appraised formally. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any issues or other business they may wish to discuss. For example one staff member told us they discussed with the registered manager further training to develop their skills and obtain a professional qualification. This has now been agreed and the staff member was accessing the appropriate course supported by the management team.

Comments from people were positive in terms of their involvement in their care planning and consent to care and support. One person who lived at the home said, "They always involve me through the care planning process."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The (MCA) is legislation designed to protect people who are unable to

make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There were policies in place in relation to the MCA and DoLS. We spoke with the registered manager to check their understanding of the MCA. They were able to demonstrate an awareness of the legislation and associated codes of practice and confirmed they had received training in these areas. Records we looked at showed staff were to receive training and the registered manager told us they would ensure all staff received the training.

The registered manager had requested the local authority to undertake a (DoLS) assessment for three people who lived at the home. We looked at one person's care plan and found appropriate arrangements in place to support this person. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. During our observations we did not see any restrictive practices. The registered manager had also requested further DoLS assessments for people and were awaiting responses from the local authority.

We observed breakfast and lunch being served in a relaxed and unhurried manner. We saw people were provided with the choice of where they wished to eat their meal. One person was to have meals in their own room. A staff member said, "This is not a problem." We found sufficient staff to support people in the dining area. We spoke with the staff members who felt they were sufficiently staffed to support people at meal times.

In the dining room on the ground floor we observed staff assisting people to eat at lunchtime. They were kind and patient, engaging with the person they were attending to in conversation and making the lunchtime meal a pleasant and relaxing time. We observed the lunchtime meal. A menu board was up with the choices on offer but each person was asked individually what they wanted. Staff helped people who needed prompting. For example, one person was asked, 'do you need me to help you at all?. Do you want anything cut up'. The person wanted her chicken cut for her, which the carer did, then asked, "Is there anything else." When the person indicated that was all, they were left to eat at their own pace. Some people had plate

Is the service effective?

attachments to help them eat, or suitable cutlery which enabled people to have their meal comfortably without any problem. We noted people ate at their own pace in a leisurely way.

Comments about the quality and quantity of food were positive and included, "The food is lovely." Another said, "The food is good." Also, "The food is very good, there is always a nice choice."

We spoke with the cook about meal preparation and people's nutritional needs. They confirmed they had information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. The cook went round in the morning to all the people who lived at the home to check what meals they would like.

We found the kitchen clean and the chef had undertaken appropriate food hygiene and safety checks. The chef had a

good understanding of people's preferences and dietary requirements. There was plenty of fresh fruit and vegetables available to ensure people, received a healthy diet.

We reviewed care records and found people's nutritional needs were frequently assessed. People's weights were checked regularly and potential risks of poor diet had been assessed. This meant people were protected from malnutrition and dehydration because staff had monitored their related health.

People we spoke with told us they had access to healthcare professionals to meet their health needs when this was required. One person who lived at the home said, "Chiropody comes in regular, we are all on different schedules. I am diabetic so I get seen every 7 weeks."

Is the service caring?

Our findings

People who lived at the home and relatives told us staff and the management team were caring patient and respectful. A relative said, "I am very happy with the care, [my relative] is well turned out, clean and tidy." A person who lived at the home said, "The girls are so caring, especially the young ones, so kind."

We spent time in all areas of the service. This helped us to observe the daily routines and gain an insight into how people's support and care was managed. Our observations confirmed staff had a good relationship with people who lived at the home. Staff had an awareness of the people they cared for and we saw staff being kind, patient and respectful towards people. For example we saw one person become agitated and loud being distracted by staff and taken for a walk away from other people in a gentle relaxed way talking with the person all the time. They stayed with the person until they were settled.

We observed staff interacting with people on a one to one basis. For example staff sat and chatted to people and showed interest in conversations. One person who lived at the home said, "The staff do show patience and interest in my past." We saw staff assisting people who lived at the home to eat at lunchtime. They were kind and patient, engaging the people they were attending to and continually encouraging people to eat what they could to ensure they stay healthy.

Staff we spoke with had a good understanding of how people should be treated in terms of respect and dignity. During the day and as part of our observations we saw examples of staff being respectful towards people who lived at the home. For example people's privacy was respected as staff knocked on people's door and would not enter until a response was given. One staff member said, "We treat people with respect as we would like to be treated it's no different." A person who lived at the home said, "The thing I like is the staff know me and I feel they treat me well with respect."

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. People were happy in the way staff supported them and the way their care was provided. One person who lived at the home said, "They are really kind and they do know what I like and the way I need to be helped."

People felt their relatives views were taken into account. Relatives we spoke with confirmed this. One relative said, "Yes they are very good at keeping us informed and asking for our views." We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's support and care needs.

The registered manager discussed with us end of life care. They had details of end of life care arrangements to ensure people had a comfortable and dignified death. This included consultations with health professionals and family members. Staff and the registered manager we spoke with had a good understanding of making sure people who were receiving end of life care were treated sensitively.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

We spoke with the registered manager about access to and information on advocacy services should people require their guidance and support. They had information details however they needed to be passed on to people who lived at the home. The registered manager told us they would ensure details were made available. This would ensure people's interests were represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

People who lived at the home were supported by staff who were experienced, trained and had a good understanding of their individual needs. The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. One person who lived at the home said, "They ask me about my care. I am a diabetic they know I have to be careful. They know what they are doing."

We observed staff organised activities at the request of the people who lived at the home. Staff were seen to be playing various games with people. In the afternoon, for example people were playing indoor golf. We could see from our observations people joined in and seemed to enjoy the event. One person said, "I used to play golf so it was good." We observed people enjoying the surroundings and interaction with staff. One person said, "We have entertainers as well, someone is usually in." The service tried to accommodate people to follow their preferred interests on an individual basis. For example one person enjoyed going out and meeting up with friends and the staff made this happen. The person said, "I am off out tomorrow with my old discussion group, they are coming to pick me up, I go out when I can."

We found staff responded to changes in people's needs in care records. For example we found referrals had been made to external professionals such as doctors and district nurses. We spoke with a visiting health professional during the visit. They told us the registered manager and care manager were aware and prompt at contacting them when they required support for people who lived at the home.

We looked at care records and found they were developed with the person and family members if appropriate as part of the assessment process. We found examples of this in care plans of people signing they agreed to the support and care. Also evidence of a family's input continued as the

care plans were reviewed. One person we spoke with about care plans and their input said, "I have a care plan, they bring it up to date every so often [manager] is very good with that, you know what things you have to plan for. I am 95 after all but they help you get it straight."

One relative said, "I could look at [my relative] care plans if I asked."

Care records were detailed and thorough. However recording of people's history and personal historical information in more depth would benefit staff to gain a better understanding of the individual. Personal histories had been implemented by the service and staff told us in some cases it was difficult to get more information so that staff had a better understanding of people. This would help develop relationships between staff and people who lived at the home.

Relatives told us there were no restrictions as to when they could visit their loved ones. They told us they are encouraged to visit when they chose to. One relative said, "I come and go as I please the staff and manager always welcome me no matter what time I arrive."

The service had a complaints procedure on display in the reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. One staff member said, "It is important to learn from any concerns or complaints to move forward."

People who lived at the home and family members we spoke with told us they were aware of how to make a complaint and felt confident these would be listened to and acted upon. One person said, "Complain about what. Nothing to report but I know who to talk to if I had a complaint."

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with told us how supportive the management team and staff were. Comments from people included, "The senior staff and manager are all approachable and helpful." A staff member said, "I have not been here long but found the manager was so supportive when I needed a bit of time off."

People told us the atmosphere was relaxed around the building. We observed staff were not rushing around and saw senior staff supporting carers in their role. One staff member said, "The managers are always helping out it is a good home to work for." Another staff member said, "The staff work well together."

We observed during our visit interaction between the management team, staff and people who lived at the home. People told us the registered manager was always around supporting staff and spending time talking and supporting people. One staff member said, "The managers are always on hand and help out." A person who lived at the home also said, "I am happy here what I like is the manager is always around if you need to talk to someone senior."

We spoke with the registered manager about 'resident' and staff meetings. We found they held meetings however not on a regular basis. At present 'resident meetings were held once or twice a year. The registered manager told us they would look at involving people in meetings more often in the future. This would ensure people who lived at the home had a chance to voice their opinions and be involved in developing the service and passing on ideas. One person who lived at the home said, "I would like to meet more." Another said, "We are consulted about everything."

Views of people about how the service was run were sought by surveys completed by relatives and people who lived at the home. The registered manager would analyse responses and act upon any suggestions that may improve the quality of the service.

The registered manager had a range of audits and systems in place. These were put in place to monitor the quality of service provided. Audits were taking place approximately monthly and covered areas such as the environment, care records and medication audits. An area identified for change was the heating system. They had recently purchased a 'Bio Mass' heating system. This allowed the building to be heated throughout the year and also provided constant heating should the gas heating system break down. This meant people were protected against the possibility of no heat due to the boiler breaking down.

Staff handover meetings were held daily. These meetings discussed the day's events to staff coming on duty and kept people informed of any issues or information staff should be aware of. This kept staff up to date with information concerning people so that they could provide the best care with all the information received from the previous staff.

The service had achieved a 'Gold Standard Framework' award. This was awarded for the way the service operated in terms of the quality of care and 'end of life' care they provided. A staff member we spoke with said, "It is quite an achievement."

There is a monthly newsletter produced for the benefit of people who lived at the home. This document kept people informed of events and social outings that were planned and also services that were available for people who lived at the home to access. For example The March edition advertised a service of massage that people could access. This showed the service were continually looking for new ideas and services which may be of interest to people. One person who lived at the home said, "I know they do a newsletter that can be interesting as it tells us what is going on."