

Mayfair residential care home Limited

Mayfair Residential Care Home Ltd

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The service is a care home that provides personal care for up to 19 older people, some of who may be living with dementia. 18 people used the service at the time of our inspection.

People's experience of using this service: Work was still required to improve the staff and provider's knowledge and practice in key areas such as medication, Mental Capacity Act 2005 where there is continued recommendations in this report. In addition, fire safety, infection control and risk management. Staff understood the basics around how to keep people safe. Information following accidents and incidents was not recorded to evidence action taken to reduce the likelihood of future harm. Systems to check that people were receiving safe and good quality care required further development.

The provider had worked hard since the last inspection to make changes that impacted positively on people's experience of using the service. Staff understood the vision the provider had to ensure people received high quality person centred care. People said staff knew them very well, could anticipate their needs and that support was delivered in a timely way. People described good provision of activities and events that were tailored to their needs. People were supported to maintain relationships and afforded support to develop and build new relationships. People and their relatives described high levels of satisfaction with the service which impacted positively on their overall wellbeing. A relative told us, "It is a very warm place, not clinical. As you walk through the door it is a home. We feel as a family this is a home from home."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were treated with respect and dignity and their independence encouraged and supported. Where people required support at the end of their life, this was carried out with compassion and dignity.

The environment enabled people to have time on their own and time with other people if they chose this.

The registered manager and management team were well respected. People, their relatives and staff all felt confident raising concerns and ideas. All feedback was used to continuously improve the service.

For more details please see the full report either below or on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires improvement (Published 17 January 2018). The service remains rated requires improvement. This is the second time the service has been rated requires improvement. We will maintain contact with the provider until the next inspection to understand the action they are taking to improve the rating to at least good.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Safe 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 Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Mayfair Residential Care Home Ltd

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: An inspector, an inspection manager and an expert by experience carried out day one of this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited on day two.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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. The registered manager is also the provider and will be referred to as the provider throughout this report.

Notice of inspection: Day one of the inspection was unannounced. We told the provider we would visit on the subsequent day.

What we did: Before inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. 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 (PIR). This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During inspection: We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the provider, senior care workers, care workers, the cook, housekeeper and activity worker.

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 five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

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

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- The management team had started to implement a range of new risk assessments to ensure all that could be done to reduce the risk of harm was in place. For example, assessments of risk in relation to falls and bed rails.
- Accidents and incidents were not recorded robustly. There was little evidence that the provider had reviewed incidents and ensured lessons were learnt to reduce the likelihood of a future recurrence. The provider immediately implemented a new system to ensure they had oversight of the process.
- Improvements had been made to the environment and fire evacuation system. However, staff needed more direction and practice around how to evacuate people safely. The provider had involved the local fire safety officer to support them with this.
- Equipment had been assessed for safety.
- Staff intervened well where people living with dementia experienced distress because they could no longer communicate effectively or had become frustrated. Better care plans were needed to direct staff to work consistently with people when they were anxious.

Staffing and recruitment.

- People, their relatives and staff had told the provider they needed more staff to ensure people received timely responsive care. The provider had started to respond to this feedback and increased staffing. We observed people receive timely support when the minimum staffing levels were in place.
- There were systems in place to recruit people safely. However, records to evidence a risk assessment had been completed when staff commenced employment prior to a full police check were not in place. The provider agreed to do this in future.

Using medicines safely.

At our last inspection we recommended that the provider consider current guidance on administering

medicines and act to update their practice. This recommendation had not been effectively acted upon and remains a recommendation at this inspection.

- Medicines were overall safely received, stored, administered and disposed of when no longer needed. Not all best practice process was in place. Staff managing the medicines system had not received up to date advanced medicines training. The provider booked staff on this training following the inspection and they were delegated to review all practice once they had received this.
- Where errors were found during checks of medicines practice we saw they were investigated. The provider did not always make records of their investigation; they agreed to do this following the inspection.
- People told us they were happy with the support they received to take their medicines. People were encouraged to manage their own medicines where they had those skills.

Preventing and controlling infection.

- Audits of the environment did not specifically look at infection control. The provider worked with the local infection control team from the NHS following the inspection. They assessed the environment to ensure areas for upgrade were identified.
- Staff used personal protective equipment to help prevent the spread of healthcare related infections.
- The environment was clean and everyone we spoke with felt the service smelt pleasant.

Systems and processes to safeguard people from the risk of abuse.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this area.
- People and their relatives told us they felt safe being supported by staff. One relative told us, "I would say this is a superb home. I would be happy to be here. And we feel our family member is safe."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled in most areas of their role. They carried out their roles effectively. More in-depth knowledge around topics such as risk assessment, medicines and the Mental Capacity Act 2005 was needed for senior staff. The provider arranged this following the inspection.
- Staff had completed an induction and training programme. The induction programme did not robustly record the details of information provided to staff. The provider agreed to improve this.
- Staff had opportunity for supervision and appraisal. Staff told us they felt supported and records showed staff received positive feedback on their role which made them feel valued.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly to understand progress and make changes where needed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, staff had been trained in person centred care. They used their knowledge of people's preferences to ensure they received personal care in their preferred way. They also enhanced people's feelings of wellbeing through social activities and support to maintain relationships and hobbies.

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

- People had choice and access to sufficient food and drink throughout the day. Food was well presented and people told us they enjoyed it. A relative told us, "When my family member's dinner came today, there were no peas and a small plate. It is tailored to their needs and appetite. The cook knows just what they like."
- Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for. People also had equipment to support them to remain as independent as possible eating their meal and drinking.

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

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. Information was appropriately shared with other agencies if people needed to access other services such as hospitals.
- People were happy with the support they received with their healthcare. Relatives were fully involved in appointments and provided with updates where needed.

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

- People were free to access all areas of the service they needed to. A lift enabled people to access the dining area. The service did not have a garden area. People were supported to access a patio to the front of the building. Staff were required to support people as the area was not secure. People were also supported to access the esplanade with staff for gentle walks.
- The service supported people at the initial stages of their diagnosis of dementia. Managers understood that the environment was not suitable for people with a more advanced cognitive impairment or physical disability. People would be supported to move on should they need a more suitable environment to keep them safe.
- People were encouraged to use the stairs to access their own room or communal areas. One person told us, "It keeps me fit". We saw seating was arranged on each landing so people could rest on their journey.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At our last inspection we recommended that the provider developed their knowledge and understanding of the MCA and DoLS. This had not been effectively acted upon and remains a recommendation at this inspection.

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. We observed staff seeking consent before they supported people in a kind and caring way.
- Where people did not have capacity to make decisions records were not always clear. Where people did have capacity their consent was not always recorded. The provider agreed to ensure records were available in future.
- Where people were deprived of their liberty, the provider worked with the local authority to seek authorisation for this to ensure any restrictions were lawful.
- The provider has arranged for more in-depth training on this subject to enhance their knowledge and skill.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People were treated with kindness. We received positive feedback from people and relatives about the caring attitude of staff. One relative said, "Staff are very friendly, very warm and compassionate. They are approachable and understanding. Even though they are busy they make time for you and we feel welcome."
- Staff spent time getting to know people's preferences and used this knowledge to care for people in the way they liked. This included understanding people's life history which promoted positive relationships between people and their staff.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives. Where needed staff sought external professional help to support decision making for people.
- Staff directed people and their relatives to sources of advice and support or advocacy; they provided advisors or advocates with information after getting permission from people.

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

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. For one person it was important they maintained access to the community and attended the church they enjoyed. Staff ensured the person was able to do this.
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives.
- People were supported to maintain and develop relationships with those close to them. They also had social networks within the community.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff said, "Staff here put people's needs first before their own. We do not impose our way of doing things on the person. We spend time with people and this make them feel valued."
- People were supported to maintain their independence. For example, one person was supported to be independent with their own complex healthcare needs.
- A relative told us the service had ensured a person was able to visit their partner when they were admitted to hospital. A relative said, "They go above and beyond the call of duty."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our inspection the provider had failed to ensure people received a service based on their preferences and failed to involve relatives or others where needed. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 9.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, one person had a card table set up in their room to enable them to play with relatives when they visited. Staff explained the person liked this.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics. Their choices and preferences were met and regularly reviewed. Staff responded to people's communication needs as required by the Accessible Information Standard. People did not have a formal care plan which recorded their communication needs. The provider told this would be introduced.
- People were supported to develop new hobbies and maintain old interests. Staff told us, "Two people like to do the washing up and one person likes to do the dusting, another the brass. We support them to do these things they enjoy."
- People were engaged in the programme of activities if they chose this and we saw they were keen to know what was happening on each day. One person told us, "I am finishing off my paper reindeer today and it will be used as a decoration next Christmas."
- Innovative or different activities were sought to continually motivate people. The provider told us, "I have tried to create a care home where lots of different agencies are coming in. I feel if people have access to more external visitors there will be more of a buzz and they also have someone to raise concerns with if they feel they cannot with us. Extra protection for them."
- People's feeling of wellbeing was enhanced by the staff promoting social events, access to the community and activities based on their preferences. People were in control of their routine and actively engaged in the running of their service because of this.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.

End of life care and support.

- People were supported to make decisions about their preferences for end of life care. Staff empowered people and relatives in developing care and treatment plans. More work to record such preferences in advance of a person becoming ill was happening.
- Professionals were involved as appropriate to ensure people were comfortable and pain free. Staff had received training from the local hospice team.
- Staff understood people's needs, were aware of good practice and guidance in end of life care and respected people's religious beliefs and preferences.
- The service supported people's relatives and friends as well as staff, before and after a person passed away. A relative whose family member had passed away recently provided a compliment to the service which said, "I can honestly say that my family member was happy during the time they had at Mayfair. It was such a huge comfort to them and that they stayed with you during the difficult time and how well they were looked after."

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. A regulation has not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement effective systems to assess the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found sufficient improvement had not been made.

- Since the last inspection the provider had taken over the role of registered manager and worked to implement systems to improve quality and safety. Further work was still needed to ensure a full range of effective systems were in place, alongside training to increase knowledge and confidence. For example, embedding the risk assessment system for care plans and fire safety.
- The provider understood that they needed to support staff at all levels to understand their roles and responsibilities and had started to do this. They understood they must hold staff to account for their performance where required in the future
- All appropriate reporting had been carried out to notify the CQC and local authorities when incidents occurred.
- The provider did not provide effective oversight and governance of the service's safety and quality, in particular regulatory requirements. The provider told us they had joined various peer groups and forums to support them to be up to date and lead the service within the law in the future.
- The provider had failed to act effectively on recommendations made at the last inspection and they remain recommendations in this report.

Systems were either not in place or fully embedded to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service involved people and their relatives in day to day discussions about their care.
- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.

- Staff told us they felt listened to and that the provider was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards.
- The provider demonstrated a commitment to providing person-centred, high-quality care by engaging with everyone using the service and stakeholders. People and their relatives without exception told us they were happy with the service and that they would recommend it to others. One relative said, "The manager is lovely and gets actively involved. They do things above the call of duty and are very approachable."

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- The service had worked alongside the local hospice team to develop their skills around end of life care for people.

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 17 HSCA RA Regulations 2014 Good governance Systems were not effectively established or operated to ensure safety and quality of the service. Regulation 17 (1) (2) (a) (b) (f).