Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Mayfair Residential Home

42 Esplanade, South Cliff, Scarborough, YO11 2AY

Tel: 01723379084

Date of Inspection: 05 April 2013

Date of Publication: May 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Mayfair Residential Home
Overview of the service	Mayfair is a care home situated in Scarborough overlooking the sea. The home provides care and accommodation for up to nineteen people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 April 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and talked with other authorities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

People told us that they were well cared for and that they trusted staff to listen and assist them when they needed help. One person told us "They are all nice and friendly here."

We found that people's consent to care was verbally sought, though not always recorded and that the staff regularly consulted with people about their care. People had their medication when they needed it and medication was handled appropriately. The home employed sufficient staff with the right skills to support people in the way they needed. We found that the home carried out a range of quality checks to ensure it maintained the environment although these were not always recorded. The home regularly surveyed people for their opinions and consulted with health care and other professionals to ensure people received the care and treatment they needed.

However, we also found that the home did not keep adequate records to ensure people could be cared for safely in relation to care and wellbeing, mental capacity and quality assurance. We have issued two compliance actions in relation to this.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 31 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service

(and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We spoke with two people in a group setting. Both people told us that the staff asked them their preferences. One person told us "They do what they can to make sure we get what we want. They always ask before they help me with something because I might not want to be helped."

We made SOFI observations of staff interactions with people. We noted that staff asked people their preferences, gave people time to respond and acted on their wishes.

We reviewed the systems the home had in place for gaining consent to care and treatment. The manager told us that when a person was admitted to the home their assessment and care plan was discussed with them and drawn up with their involvement. We tracked the assessment and care of three people who lived at the home. People had not signed their care plans but their involvement was noted in the care plan document. The manager had introduced a form to request consent to use a photograph which people had signed.

We looked at how three people's capacity was recorded in assessments and care plans. We looked at this to decide whether the home understood people's capacity to give consent to care and treatment. One person had an assessment on file which was entitled mental capacity but which concentrated upon mental health. Another person had no mental capacity assessment. We noted that one person had an assessment of capacity on file. This stated "X is able to make simple decisions but does require help from family in making important decisions." This person had been assessed to have limited capacity. The provider may wish to note that people who require significant decisions to be made on their behalf would need a 'Best Interests' decisions recorded. These are decisions which are made by a multidisciplinary team to ensure people's rights and best interests are protected. None of the capacity assessments we saw mentioned that a Best Interests

decision may be required. This means that people may have decisions made for them that were not in their best interests.

The home did not have a policy or procedure on consent. The provider may wish to note that this meant people may not be protected with regard to consent issues.

However, we spoke with the provider, the manager and two members of staff about consent and capacity. Staff showed a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty safeguards. They explained that they assumed a person had capacity to make a decision unless the person had been assessed otherwise. They told us that one person who had lived at the home had been subject to a Deprivation of Liberty safeguard procedure and that the preferences and wishes of the person had been protected through a multidisciplinary approach. Staff told us that people were encouraged to access advocacy if they required impartial support to assist them with decisions. We saw that advocacy forms were available for people in the home.

We spoke with the manager and staff about the reason why written capacity assessments were not drawn up in sufficient detail. They told us that as they were a small home they understood people's needs well and that their recording did not always reflect the individualised level of support people received when they required help with understanding consent issues.

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

There was a risk that people would not experience care, treatment and support that met their needs or protect their rights.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People's needs were not adequately assessed. Care and treatment were not sufficiently planned in line with an individual care plan.

We spoke with two people in a group setting. Their comments indicated that they were satisfied with their care at the home. One person told us they were happy at the home and that the staff were friendly.

We carried out SOFI observations of care and support. We tracked staff interactions with three of nine people sitting in the lounge of the home during a music quiz. We saw that the three staff interacted in a way which showed they knew people and their needs well. All three people we tracked were either contentedly watching what was going on or were actively engaged in answering questions, singing along to music or chatting with each other and staff. Staff talked with people about their day to day lives and people appeared relaxed and confident.

The manager told us that there was a schedule of activities available throughout the week. A number of people regularly attended day centres, went out with family or had individual interests to follow. The home employed a person to work specifically with people to provide stimulating activities and entertainment. Staff told us that in the warmer months they arranged outings to local attractions and to cafes and pubs nearby.

We looked at three assessments and care plans with associated documentation. In two cases we saw that a needs assessment and care plan had been completed with the person. A capabilities profile had been drawn up for each person, with a medication administration record. We saw that people were regularly weighed. A personal history was included so that staff had information about people and could talk with them about their lives. Staff told us that it was helpful to know about people's previous history to understand their needs and preferences and to help them to get to know people better.

Care plans included physical care needs but there was only brief consideration of mental, social, emotional or daytime activities. There was no record of what people's aspirations,

hopes or goals might be. This meant that the plans were not person centred. A person centred plan is one which considers each person holistically. It records what is needed to promote well being and how this might be achieved.

Care plans were reviewed each month with updates in place to ensure people received the correct care for their changing needs. Some risks were recorded with measures in place to minimise them. For example we saw risk assessments for falls and manual handling. However, risk assessments were not detailed enough to ensure that risks were minimised across a range of areas. For example, we did not see risk assessments for nutrition, pressure care, medication, emotional/psychological care or outings. Specific risk areas associated with individuals were not recorded in sufficient detail to ensure people could be adequately protected.

Specialists had been consulted where necessary to ensure people had the benefit of expert advice and knowledge. For example, we saw evidence of consultation with a speech and language therapist, a GP and district nurse. All consultation was recorded separately to allow staff to track people's contact with health and other specialists more easily.

When we looked at the records associated with the care of a third person we saw no pre admission assessment, needs assessment, care plan or risk assessments drawn up by the home. We saw some information written by a district nurse about medical and health care needs, but this was dated 03/11/2011 and so was out of date. This person had been resident at the home for over a month. When we spoke with the manager about this, she told us that she was in the process of assessing this person's care needs but that she had not had time to write everything down. She told us that she was aware of certain risks associated with the care of this person, particularly with regard to a medical condition and that staff were all aware of what needed to be done to keep this person safe. We spoke with two members of staff who told us they were aware of this risk and were acting in a way to ensure that this person remained safe. We also observed staff attending to this person appropriately throughout the inspection visit. However, because of inadequate care assessment, risk assessment and care planning there was a risk that this person would not get the care they required.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining, recoding and handling medicines.

We saw that the home operated a Boots blister pack system of storing and handling medication. We checked the medication against the monitored dosage system record for three people over a period of two days and found that the record was correct with no gaps or errors in recording. We saw that medication was stored properly according to the guidelines set down by the Royal Pharmaceutical Society of Great Britian to ensure people were protected.

Controlled medication was stored correctly with a separate record kept. We noted that there was a discrepancy of one in the number of Temazepam tablets remaining in stock against the recorded number and that on one occasion on 03/04/2013 there was one gap in recording. The provider may wish to note this meant one person may not have received their medication when they needed it.The member of staff who showed us the medication told us she would raise this with the care staff involved. Otherwise, controlled drugs were signed for as required by two members of staff who had received training in safe medication handling.

The provider may wish to note that there was not always a list of up to date medications in people's care plans to ensure they received the correct medicines for their medical needs.

We saw that the home had a system for disposing of unused medication safely and according to policy.

Medicines which were for 'as required' use were stored correctly, with suitable records kept when these were administered.

The manager told us that no person at the home had medication administered covertly. The manager understood that this should not take place unless a Best Interests decision had been reached.

Staff told us that it was usual for senior staff to administer medication, but that care workers who had completed the training would also do this. We saw that all staff who had

authority to administer medication had received up to date training. This ensured that staff had the knowledge to handle medication safely.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs.

We spoke with the manager about staffing levels and rotas. She told us that there were three staff on duty each morning, two each afternoon and two waking care staff at night. On two afternoons a week one member of staff was employed to carry out activities with people. The manager told us that she considered the skill mix and experience of each member of staff. Staff who were new in post were on duty alongside more experienced workers to ensure people received the care they needed.

A senior carer was on rota to cover every shift so that care staff had an experienced member of staff to go to for advice and support. Staff told us that the home never used bank staff and that they were regularly on rota for a 28-30 hour week. They told us they had space in their working week to take on extra shifts to cover for absence should they choose. This meant that the staffing was organised to ensure people's needs could be met.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

People told us that the staff consulted with them about their views but that they had few meetings where they could voice their thoughts. However, the two people we spoke with told us that staff asked them their opinion about their care on an almost daily basis and did not feel they needed to meet formally.

We saw that the home had a system in place to assess and monitor the quality of service.

The manager told us that any concerns highlighted about the maintenence of the building fed into an action plan and that the action points were signed off when completed. We saw the action plan and that a number of items had been completed.This ensured that the service improved its practice for the benefit of people living at the home.

Staff told us that medication was checked on a monthly basis, though this was not recorded. The provider may wish to note that this meant that errors and gaps in recording may go unreported and people may not always get the medication they required when they needed it. The manager told us that she had planned further audits in infection control but these had not yet taken place. Care plans were audited each month at review. However, the provider may wish to note that shortfalls in care assessment, risk assessment and care planning had not been highlighted or acted upon. This meant there was a risk that people would not receive the care they needed.

We saw that the home had kept up to date with electrical safety checks and portable appliance testing. The manager told us that the taps all had valves fitted which ensured the water was discharged at a safe temperature.

Staff told us that they were informed of required improvements in meetings and that there was also informal discussion on a daily basis and in handovers.

We saw that people who lived at the home were regularly asked about their opinion of the service in surveys. We sampled eight survey forms. Of these, all people were positive

about every area of their care. The manager told us that if people highlighted concerns in the survey she would speak with each person directly to reach a resolution.

We saw that where people required specialist input to their care, this was sought and that staff understood the professional advice given. For example, staff told us about the risk associated with diabetes for one person. Staff told us about training they had received to keep them up to date with specialist areas such as end of life care.

The manager told us that the home received regular updates about current best practice and that they kept up to date through bulletins and magazines.

We saw that the home had a complaints policy and procedure and that people's complaints were recorded with actions. People who lived at the home told us that if they had any concerns the staff were quick to act. One person told us "I would tell *** if I wasn't happy. They sort things out." This showed that the home listened to people and put things right if there was a problem.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care or treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found that the provider did not keep accurate or appropriate records to protect people against the risks of unsafe or inappropriate care.

We saw three care plans with associated documentation and noted that there was insufficient information for staff to offer the care people needed. Staff were largely relying upon verbal instructions to assess care needs and risk. Verbal communications about care needs were not documented within people's personal records in a timely way or in one case, at all. For example, in one person's file there was no written pre-admission assessment, no written care plan and no written risk assessments, in particular there was no written risk assessment for a medical condition that required careful handling. In two other records the detail was insufficient to ensure staff could offer safe and appropriate care.

We saw that people were treated in a way which protected their rights and took account of their mental capacity. However, staff were largely relying on verbal communications about mental capacity. Records were not detailed enough to show that people's mental capacity had been assessed or that plans were in place to protect people's best interests. This meant there was a risk that people would not be protected with regard to consent and decision making.

The manager and staff told us that audits took place. However, we saw insufficient records of auditing to ensure people were protected. For example, we did not see written audits for medication, infection control or weekly checks that the environment was safe.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: People's needs were not adequately assessed. Regulation 9 (1) (a). Care and treatment was not planned or delivered in line with an individual plan in order to meet service user's individual needs or ensure the welfare and safety of the service user. Regulation 9 (1) (b).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records had not been maintained. Regulation 20 (1)(a). Care records could not be located promptly when required. Regulation 20 (2)(a).

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 31 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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