

Quantum Care Limited

Mayfair Lodge

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 ●

Summary of findings

Overall summary

About the service

Mayfair Lodge is a residential care home providing personal care for 61 people aged 65 and over at the time of the inspection. The service can accommodate up to 62 people in a purpose-built building.

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

People felt safe living at the service, relatives confirmed the care and support provided maintained people's safety. Training had been provided to give staff the skills to safeguard people from potential abuse. Risks to people's safety and well-being were assessed and mitigated as much as possible. The provider ensured pre-employment checks were completed before new staff were employed.

People's medicines were managed safely. The provider undertook assessments of staff practice to satisfy themselves that staff were competent to safely administer medicines. The home was clean and welcoming. Staff had received infection control training and protective clothing including gloves and aprons was available to them.

People's needs and preferences had been individually assessed and were kept under constant review. People and their relatives told us the care and support provided met people's needs. Staff received training necessary for their roles and felt fully supported by the management team.

People enjoyed the food provided for them. People accessed healthcare services as needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by an established staff team who knew them well. Staff treated people with respect and dignity. People were fully involved in their care as much as they could be. People's right to privacy and confidentiality was respected and integral to the ethos of the home.

People received care and support in a way that was flexible and responsive to their individual needs. People were encouraged and supported to be part of the local community they lived in. Opportunities for engagement were routinely brought into the home for people to enjoy. Relatives and other visitors were welcomed into the home at any time. The provider had an effective policy and procedure to support people to raise complaints. The provider and staff team were very clear that Mayfair Lodge was people's own home and they would be supported to stay in their own home should their health deteriorate.

The management and staff team demonstrated a clear culture of ensuring people and their needs were a priority. Staff enjoyed working at the home, they felt supported and involved. The management team was available for the staff to call on at any time if they needed advice or guidance. Quality assurance processes such as audits were in place to help ensure the provider's standards were upheld. Systems had been

developed to enable people, their relatives and external professionals to contribute their feedback about the way the service operated. The registered manager kept themselves up to date with changes in legislation and practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 17 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Mayfair Lodge

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care

provided. We spoke with ten members of staff including the regional manager, registered manager, deputy manager, care team managers, care workers and domestic staff. 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 six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and with the staff who supported them. People looked relaxed and comfortable with staff and management alike. A person told us, "I'm very, very happy here because they look after my needs and safety in every way." Another person said, "I really like it here. I don't have to worry about anything. It's a safe place." A relative told us, "[Person] has dementia but in terms of their safety I'm confident that the home cares well for them. The rapport and the friendliness makes me feel comfortable."
- Staff received training and understood what constituted abuse and knew how to recognise and report any concerns.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed, and plans developed to manage or reduce risks. This was in areas such as moving and handling, the use of wheelchairs and the use of bedrails. Risk assessments were kept under regular review to help ensure they remained effective in promoting people's safety.
- Some people had stairgates deployed across their bedroom doors so that they could hear and see what was going on in the home but other people were discouraged from entering. Risk assessments had been undertaken for this but were not kept with the care plans so not easily accessible for staff. The registered manager undertook to ensure the risk assessments were included in the care plans.
- People had individual personal evacuation plans for in the event of an emergency such as fire. Staff confirmed they had received training and attended fire drills. The management team advised that regular drills took place, the regional manager reported they had undertaken a fire drill at Mayfair Lodge the week prior to this inspection. There was a register in place to help ensure that all staff completed drills across both day and night shifts. Some work was underway in terms of compartmentalisation in the roof section following a fire risk assessment.

Staffing and recruitment

- The provider operated a recruitment procedure which helped to ensure only staff who were suitable to work with vulnerable people were employed. However, not all references had been validated with the referee to confirm they were genuine and were basic in the extreme by just confirming dates of employment. The registered manager confirmed they would ensure all references were validated on receipt.
- People, their relatives and the staff team told us there were enough suitably skilled and experienced staff deployed to meet people's needs. A person said, "I think there are sufficient staff, there's always someone I can talk to if I need to." Another person said, "There's never a problem with staff numbers from what I can see." A relative told us, "I don't have concerns about staffing levels and that includes weekends."

Using medicines safely

- People told us they received their medicines when they needed them and in accordance with the prescriber's instructions. We observed staff administering people's medicines in a calm and organised manner allowing people the time they needed to take their medicines safely.
- We checked a random sample of boxed medicines and found that amounts held tallied with medicine administration records. One box was found not to be signed and dated to indicate when it had been opened.
- The provider had an audit system in place which meant all tablets in the home were counted and verified weekly. This helped to avoid the risk of medicine errors. Staff received training and had their competency to administer medicines regularly assessed.

Preventing and controlling infection

- The home was clean and fresh throughout. Staff had access to disposable gloves and aprons and used these appropriately.
- People had individual slings for use when being supported to transfer by mechanical hoist. These were not named to indicate which person they had been allocated to. We shared this with the management team who advised that each sling had an identity number and a register of these was maintained by the sling provider. The registered manager requested this list from the sling provider so they could assure themselves people were using their own allocated slings.

Learning lessons when things go wrong

- Records of any accidents or incidents were maintained and reviewed by the registered manager and their team to identify any themes or patterns emerging so that preventative actions could be taken.
- Where things went wrong a full investigation was undertaken into how the issue had occurred and actions taken to prevent further occurrences. The outcome of investigations was shared with the staff team via handovers and team meetings.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed before they moved into Mayfair Lodge to help ensure their specific needs could be met. This assessment covered all aspects of people's lives including health and support needs, lifestyle and cultural choices and preferences about end of life care. The pre-admission assessments were used to develop people's care plans.
- People and their relatives told us the care provided was appropriate to meet people's needs. A relative told us, "They really understand [person]. It's good that there appears to be continuity in staffing." A person said, "Whatever help they give me is done in a safe, careful and caring way. They know me well and they call me by name." Another person commented, "They really do understand me and what support I need."

Staff support: induction, training, skills and experience

- People and their relatives were confident that staff had the necessary skills and knowledge to meet people's needs.
- Staff told us about the induction training they had undertaken. Training records and discussion with staff members showed that they received regular training and updates in the basic core areas such as safeguarding people from abuse, safe moving and handling and infection control.

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

- People received support to eat and drink enough to maintain their health and wellbeing. People's weight was monitored at least monthly and unplanned weight loss was referred to the dietician through GP referral.
- People and their relatives told us the food provided was of a good quality. A person said, "The food is excellent. The meat is tasty and the vegetables are cooked well. If you don't like it they'll get you something else." Another person commented, "The food is super. It's cooked well and the meat is tender." A relative said, "The food is good. There are blips when there are changes but all is good at present. They bring a hot plate or a sandwich so [relative] can choose. To some they just say what the options are."
- We observed the lunch service and noted that choices were not always communicated clearly, especially for people living with a cognitive impairment. For example, people were given options of chicken and mushroom pasties, sandwiches or soup. Pictures were not used to help people choose and no plated options shown so that people could make meaningful choices based on the look and smell of the food. The registered manager said that the kitchen had been asked to plate up sample dishes for the staff to use to support people to make choices but had failed to do so on this day.

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

- The home was purpose built, accommodation was arranged on two levels with wide corridors and light and airy communal spaces. There were themed areas at the ends of corridors to give a focus to these spaces. There was clear signage to support people in being as independent as possible in locating key areas such as toilets, bathrooms and lounges.
- Some communal areas of the home needed refurbishment. The management team had identified this and the works were scheduled. For example, on the day of this inspection a communal lounge area was being redecorated.

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

- People said they received health support as and when they needed it. They told us the GP visited twice a week, but they could see them at any time if they were unwell.
- Staff worked with external professionals such as occupational therapists, speech and language therapists and tissue viability nurses for the best outcome for people who used the service.
- People's relatives were confident that people received the care and support they needed to maintain their health and wellbeing. A relative told us, "The doctor said [person] needs to have their feet up and I've noticed they [staff] keep doing that which is good."

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training about the MCA and understood their roles in promoting people's legal rights. Staff sought people's consent before helping them with any tasks.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said they received good care from a kind and caring staff team. A person told us, "I can say anything and they'll chat back, with a bit of teasing included. They absolutely seem to get a lot out of their work. Nothing is too much trouble. They respond to any needs I have. There's always an ear to listen to me if I need to talk." Another person commented, "I like it that they know my name. They are all friendly and kind and if I need a chat they will respond to that and come over."
- People's relatives told us they felt comfortable with the approach of the care team towards their people who used the service. A relative said, "The staff are cheerful and friendly and it makes such a difference." Another relative commented, "The staff do have a relationship with residents. [Person] warms to some staff more than others but I suppose that's understandable. Staff recognise me and call be by name which is lovely."
- Staff took appropriate action to comfort and reassure people. For example, a person was distressed about an issue they were encountering with their sight. Staff sat with the person, explored their concern, read a healthcare professional letter to the person and helped them understand what it meant. The staff member went on to explain the prescribed treatment and what that would mean for the person. When the staff member left the room, we noted the person was calm and reassured.
- People demonstrated a good sense of well-being, which indicated they were well looked after. Throughout the day we noted a warm relationship between the staff and the people who used the service. People were treated respectfully and given choices about all aspects of their day including what they did, when they did it, where they sat and what they wished to eat and drink. People were encouraged to do things in a kind and patient manner and staff members had time to spend interacting with people.

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

- People's opinions were sought in relation to such areas as activities and food. This was done on a one to one basis at regular reviews and in resident and relative meetings.
- The service operated a 'Resident of the day' system where all aspects of people's care, accommodation and life in the home was assessed and reviewed to help ensure their continued satisfaction.

Respecting and promoting people's privacy, dignity and independence

- Throughout the day we heard all staff (including domestic staff, admin staff, care assistants and management) speaking with people as they passed through the home. For example, a person became distressed and wanted to know when their relative would be coming to see them. The housekeeping manager clearly knew the person well, they told them when their relative would likely be visiting and what

time the person could expect to see them. The person was clearly re-assured by this and continued with their day.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their individual needs.
- People's care plans guided staff to provide consistent personalised care. The care plans were kept under regular review and we noted people's relatives were encouraged to be involved where appropriate.
- People's relatives told us they were kept informed and always felt able to talk to the management or staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about the opportunities for engagement provided. A person told us, "Generally I am content to sit and chat in the lounge. Best of all I like it if we get entertainers in. We had an organ player and we sang along. There's not that much going on really, obviously at Christmas there was, but you'd expect that. We need more entertainment." Another person said, "The things that keep me occupied are films, hairdresser and nails. I do keep fit and bingo. I like anyone who comes in to entertain us. I find something different gives me a lift."
- Some people's relatives felt more could be done to engage people, especially those living with cognitive impairments. One relative said, "Frankly there's not a lot of meaningful stimulation, particularly for those with dementia. [Person] doesn't get involved even though I know they would do craft type things if they were offered to them." Another relative commented, "On one unit a relative does some music now and again. It really needs a dedicated, enthusiastic person to get the activities up and running in a way that draws the residents in."
- We learned that a lot of opportunities for engagement were provided. These included such things as outings to garden centres and a farm, napkin folding creatively for cupcake event, silent discos, Italian and French themed evenings, cheese and wine parties and family meals. A Father's Day dinner was arranged with waiter service by staff dressed in white shirts and black ties making it a special event.
- The local community were involved in the home. For example, a children's nursery and children from a local school visited to spend time with people. The registered manager said people's faces lit up when the children did activities with them. One person used to enjoy going to the pub but became reluctant to leave the home. In response, a pub was created in the home. There was a small bar area and a selection of table games for people to play. The pub was lively and busy during the afternoon.
- The registered manager was working with people's relatives to develop a 'lifestyle hub'. The aim was to help make sure people didn't stop doing things they used to do when living independently such as going to the theatre or going swimming. The home's newly created charity, 'Mayfair Lodge Fundraising Friends', had started fundraising to purchase a minibus to support this initiative.
- The sun lounge had been developed to double as a movie room showing films weekly. On the day of the

inspection people did not show much interest about this. We shared the mixed feedback we had received about activities with the registered manager. They routinely spoke with people and observed activities to satisfy themselves that people's needs were being met. However, as a result of our feedback the management team undertook to develop a method of better evaluating effectiveness of the activities provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People`s care plans detailed their communication needs. Staff adapted their verbal communication to people`s abilities and gave them time to respond if it was needed. Staff told us they knew people well and could interpret people's body language and facial expressions if they could not communicate verbally.

Improving care quality in response to complaints or concerns

- Staff and management listened and learnt from people's experiences, in a positive and responsive way. Formal complaints had been managed in accordance with the provider's policies and procedures.

- People and their relatives said they knew how to make a complaint but had not felt the need to do so because the management team took immediate action to address anything people were not happy with.

End of life care and support

- The service did support people at end of life. Some members of the staff team had attended end of life training from a local hospice and the registered manager reported that further training was scheduled for the remainder of the staff team over the next 12 months.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and staff team demonstrated a clear culture of ensuring people and their needs were a priority.
- People told us they respected the registered manager. One person said, "[Registered manager] is very good. If you have any problems she'll try to sort them. I had pains in my chest and she was round to see me like a shot to check." Another person said, "For me the place must be well run because I am safe and comfortable and happy. It's a happy home."
- People's relatives said they felt the home was well-led. One relative said, "I find [registered manager] approachable. She's open and easy to talk to. Another relative commented, "[Registered manager] is very helpful, understanding and supportive. She's good at her job."
- Staff said they enjoyed working at the home, they felt supported and involved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service informed people's relatives of any concerns such as if an accident had happened.
- The provider fulfilled their responsibilities under the duty of candour and had advised local authority commissioning bodies and CQC when accidents happened.

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

- Some records were not updated in a timely manner. For example, two care plans we viewed were not completely accurate. One care plan stated the person had the physical and mental capacity to open and close the stairgate sited in their bedroom doorway. This was clearly not the case on this day. The registered manager advised that the person's needs had rapidly escalated in recent days and the care plan was in the process of being updated. However, this needed to be completed in a timely manner so that staff had accurate and up to date records available to support them in their roles.
- The registered manager and the provider's senior management team were always available for the staff to call on at any time if they needed advice or guidance. Staff told us the provider's management structure ensured they always had the support they needed.
- Quality assurance processes such as audits were in place. These included in areas such as medicines management, care planning and health and safety. For example, an observation undertaken as part of a regular monthly management audit had identified some improvement needed in two staff members'

moving and handling practice. As a result of this additional training was delivered for these staff members by the home's moving and handling champion.

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

- Systems had been developed to enable people, their relatives and external professionals to contribute their feedback about the way the service operated. The provider regularly distributed questionnaires to people, their relatives and external stakeholders to gather their feedback about the service provided.

Continuous learning and improving care; Working in partnership with others

- The service worked closely with health professionals and people's relatives to help ensure people could live as normal a life as possible.
- The provider maintained their skills and knowledge and updated themselves about changes in legislation and practice. They did this through reading publications shared by CQC and other health and social care organisations and attending network events facilitated by a local care provider's association.