

Amethyst Care Ltd

# Mayfield Hall

## 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:

Mayfield Hall is a care home without nursing and is registered to provide accommodation and support for a maximum of 20 people. The registered manager said they would consider themselves full at 18, as some rooms were registered for shared occupancy if needed. At the time of the inspection there were 16 people living at the service. People living at Mayfield Hall were older people, living with frailty or dementia.

The service is an older building set over three floors with a lift to access rooms above the ground floor. Only the ground and first floors are available for people needing care, as the second floor is used for private staff accommodation.

People's experience of using this service:

People told us Mayfield Hall was a good place to live. We saw good practice during the inspection, when people were supported well by staff.

There was an established management team at the service, who worked alongside care staff each day. Other quality assurance systems and regular audits were in place to assess, monitor and improve the quality and safety of the service provided. Some of these would have benefitted from further development and this was discussed with the registered manager. We have made a recommendation about the management of laundry systems.

Risks to people from living with long term health conditions were assessed. These included risks such as from falls, choking, poor nutrition or pressure ulcers, and included actions taken to mitigate risks where possible. People told us they ate well, but where there were concerns over people's nutrition or hydration appropriate actions were taken.

Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints about people's wellbeing. The service learned from incidents to prevent a re-occurrence. People's rights were being respected, and decisions had been made and recorded in people's best interests where they were not able to make these decisions themselves. The service respected and supported individual people's equality and diversity.

There was a recruitment process in place that helped ensure potential staff were safe to work with people who may be vulnerable. Enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role.

Care plans were based on up to date assessments of people's needs. They contained details about people's wishes and guided staff on how the person's care should be delivered. We saw people's care plans were

being followed in practice. Staff knew people well.

People received their medicines as prescribed, and there were safe systems in place to manage the storage, administration and disposal of medicines. The service was being audited in the fortnight following the inspection by the local pharmacist. The registered manager planned to discuss some areas of prescribing practice with them, for example ensuring clarity around the use of 'as required' medicines.

Staff told us Mayfield Hall was a good place to work, and they were well supported by the management team, who were always available on call. The building was older and in need of some updating, although we did not identify any areas of potential risk.

More information is in the full report

Rating at last inspection: This service was last inspected on 20 January 2017, when it was rated as good in all areas and as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report 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 remained safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remained effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remained caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remained responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remained well led.

Details are in our Well-Led findings below.

**Good** ●

# Mayfield Hall

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of 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, in this case, care services for older people.

**Service and service type:** Mayfield Hall is a care home without nursing. People in care homes receive accommodation and personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager, registered with CQC. This means that they and the provider will be 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 and started early in the morning as we wanted to meet the night staff and observe the morning handover between staff shifts. This helped us to see how duties were allocated for the day.

#### What we did:

Prior to the inspection we reviewed the information we held about the service and the notifications we had received. A notification is information about important events, which the service is required by law to send us. We used the information the provider sent us in the Provider Information Return (PIR). 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.

During the inspection we spoke with seven people living at the service, the registered manager, Nominated Individual, three relatives, the chef, and five care staff. The Nominated Individual is responsible for supervising the management of the service on behalf of the provider. We spent two periods of time throughout the day conducting a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not tell us verbally about their life at Mayfield Hall.

We looked at the care records for three people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We looked at two staff recruitment files, sampled policies and procedures in use, and reviewed complaints, concerns and notifications sent to us about the service.

# 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. This has been maintained.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People felt safe. Where people were living with dementia and were not always able to raise concerns directly, care plans contained information about interpreting people's behaviour. This helped to assess whether they were unhappy or uncomfortable.
- People's feedback overall told us they felt safe. One person said, "Yes I feel safe when the carers are helping me." Another person was unsure whether they felt safe with staff. They told us "On the whole it's good, the handling varies, and I am not always made comfortable and am not checked on regularly." We discussed this with the registered manager, who was able to demonstrate the regular support the person received.
- Staff were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff were confident in reporting concerns to the registered manager or nominated individual. Policies were in place to guide staff on actions to take.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their healthcare. People living with long term health conditions, such as diabetes, had care plans related to these conditions. Plans guided staff on what actions were needed to keep people safe.
- Other risk assessments were in place, to help identify people at risk from pressure damage, falls and poor nutrition. Guidance needed to be updated in one person's plan regarding the amount of thickening agent needed to support the person's swallowing. This was updated during the inspection.
- Systems were in place to assess risks from equipment including bed rails, and pressure mattresses to ensure they were safe, clean and hygienic. Pressure relieving mattresses checked during the inspection were set to the correct weight settings to ensure they were effective.

Using medicines safely

- Medicines were stored, administered and disposed of safely, and people received their medicines as prescribed. An audit was planned by the local community pharmacist in the fortnight following the inspection. The registered manager agreed to discuss some areas of GP prescribing instructions with them. This was to ensure staff had all the information needed on how some 'as required' medicines should be given, as some instructions were not clear. We did not identify people had received unsafe medicines

support as a result, but this might be confusing for staff unfamiliar to the person.

- Systems were in place to audit medicines, and the competency of staff administering medicines was assessed regularly. Not all staff gave out medicines, and no-one did so without training. Records for medicines administration were completed.

#### Preventing and controlling infection

- Good infection control practice was in place, and the service did not have any significant malodour.
- Staff had access to personal protective equipment such as aprons and gloves to stop the spread of any potential infection and had received training in managing infections.
- We identified systems in the laundry area were not providing a clear separation between clean and dirty or soiled laundry waiting to be washed.

We recommend the provider implements best practice guidance in the management of laundry systems to reduce any risks of cross infection.

- The service had no identified specific infection risks and appropriate arrangements were in place for the management of clinical waste.

#### Learning lessons when things go wrong

- Where incidents had occurred, action had been taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. The manager audited incidents and accidents, for example falls to identify any trends and reduce further risk.
- Staff were always supported by senior staff on duty. Regular training and themed sessions around "What would you do if..." were carried out. This helped staff become confident about what to do in an emergency.

# 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. This has been maintained.

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

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

- Mayfield Hall is an older adapted building, with a passenger lift accessing the upper floor, and chair lifts to access some rooms. Most bedrooms had ensuite facilities, although many people were now too frail to use these. The service had some adapted bathing facilities and had made efforts to increase privacy for wheelchair users when accessing a downstairs toilet. When using the toilet their privacy could be maintained. There were no other accessible toilet facilities in this area.
- The service supported some people living with dementia, although most of these people were not independently mobile. There was limited signage to help people orientate themselves. The registered manager told us no-one would have been able to use this information.
- The building was comfortable. Some accommodation was looking 'tired' and in need of refreshment, although we did not identify any areas that presented risks to people. The registered manager had plans for redecoration and refurbishment.
- Some people living at the service spent much of their time in bed due to choice or frailty. People had their call bells close to them or were regularly visited by staff to check on their wellbeing. One person told us "I use the call bell at night if I need to use the toilet and there is usually a quick response." Most rooms had adjustable beds, some with specialist pressure relieving mattresses where people were at risk of skin damage due to pressure.

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

- Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used to guide the person's plan of care.
- People or their relatives had been involved in their assessments, care planning and reviews where this was possible.
- Care plans were person centred, and in line with good practice. Plans included people's strengths and positive personal qualities, as well as areas of support needed.

Staff support: Induction, training, skills and experience.

- The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction, training and support. Staff said they received the training they

needed to carry out their role or develop their interests.

- Staff told us they felt well supported and had access to the management team at any time to discuss any areas of concern. The registered manager was developing the supervision programme for staff.

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

- People told us they enjoyed the meals served to them. People told us "There's plenty to eat" and "The food is lovely and there's plenty of choice. We are notified of meal choices."
- We observed people being given support to eat. Some people needed staff attendance to encourage and support them, otherwise they stopped eating.
- Choices were available for each meal and the service managed special diets, including gluten free, vegetarian and low sugar. Where people were at risk of malnutrition they had been prescribed supplements. People's weight and nutritional assessments were reviewed every month and swift actions were taken if people were at increased risk.

Supporting people to live healthier lives, access healthcare services and support

- The service had positive working relationships with community medical services. Evidence was in people's files of their access to doctors, community nurses and other medical or support staff.
- People were also referred to local podiatry services, optical and dental who could, in some circumstances, make visits to people at the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Where significant decisions were being made on behalf of people we saw principles of the legislation were being followed.
- People were asked for their consent for care. Where applications for DoLS had been granted we saw these were being reviewed to ensure conditions were being met.

# 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. This has been maintained.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Personal care was delivered in private. One person told us "I need help to dress and undress and yes, my dignity is always respected."
- People's independence was encouraged where they wished this. For example, one person's care plan said they could dress themselves if they were given support to sequence clothes in the right order. People told us "I am still independent; my friend needs help to dress" and "We can choose what time to get up and what time to go to bed. The staff help me with my medication."
- We saw staff knocking on doors and waiting to be allowed access to the person's room. Staff spoke about people respectfully in the handover and throughout the inspection, and this was continued in recording in their notes.

Ensuring people are well treated and supported

- People and relatives said people were well supported. People told us "I've always been well looked after", "Its superb here, I can't complain" and "We think we are looked after very well." One relative told us "Considering where (person's name) was before this is a good 75% better, primarily in safety and security of the building; (person's name)'s care is also better."
- A staff member told us how they had supported one person with understanding the loss of their spouse. This demonstrated caring and compassion in practice, along with a clear understanding of the person's needs and wishes.
- We saw people being supported well, with understanding. One person ate their lunch from a tray table. They lost interest, and started playing with their food. This was spotted by a carer who went to their assistance and encouraged the person to eat their food, which they did.
- Staff expressed concern for people's wellbeing during the morning handover, and suggestions were made for supporting people as a result. For example, one person had been prescribed medicine for an infection. Staff said they would be encouraging the person to drink more as it was warm, and they might not feel like doing this themselves.

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

- Care plans included information about people's personal, cultural and religious beliefs. The registered

manager told us the service respected people's diversity and was open to people of all faiths and belief systems or none. Statements were in the service's policies on their expectations about anti-discriminatory practice, and information was available in the service to demonstrate this to people and any visitors. One person told us "I like to practice my faith, and someone comes to see me from the church."

- Visitors were welcome to visit the service at any time.
- The registered manager told us the service had not found regular 'residents' meetings' had worked, but they spent time with people regularly and were confident that people felt able to be open with them about any changes they would like to see.

# 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. This has been maintained.

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

- People received care and support in a way that was responsive to their needs, Care plans contained details about people's personal wishes and how they wanted their care to be delivered. For example, one person's plan detailed they liked to keep a torch next to their bed at night, and another liked to let food and drinks get cold before eating them. Staff members could tell us the details of how people liked to be supported.
- Support plans were regularly updated with information from people or family members as appropriate. Information from staff observations were also used to ensure changes in the needs of people were reflected in the support plans. Some plans also included some generalised information in addition to person centred details. The registered manager agreed to remove these, as they could have been misinterpreted by staff unfamiliar with the person.

All providers of NHS and publicly funded adult social care must follow the Accessible Information Standard. The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment or sensory loss.

- We looked at how the service shared information with people to support their rights and help them with decisions and choices. Pictorial cards were able to support assisted communication and help people with indicating their choices when they were not able to do so verbally. This included information cards with pictures of people's medicines and text saying, "This is for your heart", to help people understand what they were taking.
- The service had access to specialist tools to help understand if people unable to express pain verbally might be experiencing pain.
- The service had purchased a set of spectacles replicating visual impairments to help staff understand how these impacted on the person. This information was used to support care planning, for example to ensure staff approached the person from the correct area of their visual field.
- People were supported to follow activities if they wished to do this. The service had a small garden to the front with seating areas, and a sunny conservatory with magazines, games and soft toys. One person loved to colour pictures, and others liked quizzes, games and music. The service had regular visiting entertainment.
- Some people's rooms had evidence of activity books available. These recorded pictures of people's life and what they enjoyed doing. This helped staff engage with people about things that interested them.
- Other activities were detailed on a pictorial activity board in the lounge, which was updated weekly. Records were kept of activities people had enjoyed so these could be offered again.

## Improving care quality in response to complaints or concerns

- Policies were available to support people and visitors to raise any concerns or complaints. The policy was updated while we were at the service. People said they would feel able to raise concerns if they needed to.
- The service had taken appropriate action to investigate concerns raised with them or refer these on to other appropriate agencies.

## End of life care and support

- People's care wishes at the end of their lives were recorded in their care files where these were known. Other clinical forms recorded people's wishes regarding lifesaving treatment in the case of a sudden deterioration in their health.
- Several people living at the service had at one time been assessed as being at the end of their life, and advanced prescribing had taken place to ensure medicines to keep people pain free would be quickly available. However, people's health had improved, and only one person was currently believed to be near to the end of their life. The registered manager told us they were very proud of the work, compassion and understanding the staff team carried out when supporting people at the end of their life.

## 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. This has been maintained.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff were clear about their roles and understanding quality performance.

- □ The registered manager nominated individual and family members worked at the home each day. When they were not available they were on-call. They worked alongside staff, supporting people. A staff member told us how refreshing they found this. They said, "It is great to work somewhere where the owners really know people, know how many sugars they take in their tea." Relatives told us, "Yes I think it is a well-managed home" and "Yes I think they are well managed."
- □ Staff were well motivated and positive in their role and relationships with people. Staff told us it was a happy place to work. The service had a positive culture, very much focussed on supporting and caring for people and putting people first.
- □ Systems were in place to assess and improve the quality and safety of services. There were systems in place to audit and analyse for example, care plans, incidents and accidents, medicines, and health and safety checklists. Some of these would benefit from development, and this was discussed with the registered manager who had ideas about how this could be achieved.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ The service informed relatives if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.
- □ Staff said they felt supported by the management and had an input into the service. One staff member said, "They listen to us, listen to what we say about people and act on it."
- □ Although the service did not hold regular staff meetings we saw there was open sharing of information each day. In-depth handovers were held, where people's welfare and wellbeing were discussed, not just their needs or medical conditions. Communication books were also in place. Where one staff member had just returned from leave we saw they were updated by senior staff about everything that had happened while they were away.

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

- □ The manager sought views about the service from people and staff through a series of questionnaires.

These were then used to compile overall results which were used to make any changes where needed.

- Questionnaires were sent out on a regular basis and information was also sought from visitors and community healthcare professionals to identify where any improvements could be made.

Continuous learning and improving care

- The registered manager could demonstrate they were continually working towards improvements, for example by accessing the sector skills council website, and CQC website for updates on practice and Regulations. Discussion was held on other resources to access for advice and guidance, such as the Local Authority Quality Improvement team, manager's forums or provider groups.