Mayfield Residential Care Ltd

Mayfield Residential Home

Inspection report

Fleet Street
Holbeach
Spalding
Lincolnshire
PE12 7AG

Tel: 01406426063
Website: www.mayfield-residential.co.uk

Date of inspection visit:
25 February 2021
26 February 2021

Date of publication:
15 July 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Mayfield Residential Home provides personal care and accommodation for up to 29 older people. There were 23 people living at the home at the time of the inspection, some of whom had a dementia related condition.

People's experience of using this service and what we found
There were systems and processes in place for risk management for people. However, there was information available on how staff should support people which could cause confusion and increase the risk to people's safety and welfare.

There were organisational governance processes in place to monitor the quality of the service. However, some shortfalls were found.

Most staff provided positive feedback on the management of the service; some concerns were still being raised. The provider was taking action to address this.

People were supported by sufficient numbers of staff who had received training for their role.

People received their medicines from staff who had been trained to safely administer medicines.

Staff had received training about good practice for infection prevention and control. Information and guidance on infection control measures in place were available for staff and people.

People and their relatives provided positive feedback on the caring, friendly nature of staff.

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.

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 05 September 2019)

Why we inspected
We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Mayfield Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Mayfield residential home 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
We gave the service 48 hours' notice to ensure measures could be put in place to reduce COVID-19 risks.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, head of care, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and two medication records. We looked at three 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 quality assurance records.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

● The risks to people's safety were identified, assessed and there were measures put in place to mitigate risks and ensure people's needs were met. However, there was information available on how staff should support people which could cause confusion and increase the risk to people's safety and welfare.

●One person's care plan contained conflicting information regarding the number of staff required to support them safely. Part of the care plan reflected one staff was required. However, a review document clearly stated, two staff were required to support the person. The guidance was not always clear, meaning staff did not have clear information in place to support people. This increased the risk to the person's safety and welfare. We discussed this with the provider and registered manager who responded to this and took action to rectify this.

● We reviewed a themes and trend analysis the provider had in place; we were unable to establish how effective the system was as it only documented events. There was a system to analyse themes and trends following accidents and incidents. However, there was a lack of evidence to show how the information was used to learn from events to prevent reoccurrence. The provider needed to ensure the system in place to learn from events was effective."

Staffing and recruitment

● There were safe recruitment processes in place to ensure people were supported by suitable staff. However, we found the provider did not have a system in place to follow up on the check of criminal records. The provider did not have a policy relating to DBS (Disclosure and Barring Service). Yearly appraisals did not include any form of declaration for staff to complete. The provider failed to demonstrate they were assured staff were suitable to work with people.

● This was discussed with the provider and immediate action was taken to resolve the concerns raised.

●Staffing levels met the needs of people, in line with the providers staffing tool.

Using medicines safely

● People received their prescribed medicines safely and in their preferred way.

● Staff were appropriately trained to administer medicines safely to people. On-going competency assessments were carried out by the provider to ensure staff followed safe practices.

● The provider had a medicines policy in place, which offered information and guidance for staff on best practices.

● Medicines were stored and checked regularly, which ensured any shortfalls could be identified and addressed immediately.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

● Staff had received safeguarding training and were able to demonstrate their understanding and responsibilities to reduce the risk of harm to people.

● Systems and processes were in place to keep people safe. Safeguarding issues were an agenda item on staff meetings and further learning took place through staff supervisions.

● Safeguarding issues were identified and reported in line with the providers legal responsibility.

Requires Improvement

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 requires improvement at this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, 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, Continuous learning and improving care

- During our inspection, we identified shortfalls in areas relating to risk management and DBS checks. We did not identify any impact upon people and action was taken to address these issues. However, the provider's quality monitoring system had not identified them.
- Audits were in place to monitor the quality of the service people received, these included: auditing of medicines, environment, incidents and accidents. We saw actions had been completed to address any outstanding issues. However, there was a lack of evidence to show what action had been taken and when. We discussed this with the registered manager and action was taken following the inspection.
- Systems and processes were in place to provide oversight of the service. The registered manager was responsive to our feedback regarding their responsibilities in relation to quality assurance. The provider maintained regular contact with the service engaging with the registered manager and staff.
- The registered manager was aware of their responsibilities to keep us informed of significant events at the service. We had received statuary notifications showing how different events had been managed.

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

- We received mixed feedback about the registered manager. One staff member said, "The manager is good, I would have no worries in approaching [registered manager]." However, others expressed some concerns.
- Some staff raised concerns about the management of the home, we discussed this with the provider who had already taken action and had developed routes for staff to openly discuss any issues. However, this required further embedding into the service and continual monitoring.
- Staff received supervision and annual appraisals in line with the providers policy. The majority of staff told us they felt supported by the registered manager and felt able to discuss any issues or concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Working in partnership with others

- The provider had a system in place to obtain the views of people using the service by sending out an annual survey. Where people provided feedback, the provider was responsive to their comments.
- People we spoke to as part of our inspection were positive about their experience of using the service. For

example, one person told us, "It's very comfortable, the staff are nice". A relative told us, "I have nothing but praise for the manager and staff. The staff and manager have made sure I have been able to keep in contact with my family member".

● The provider maintained a range of professional contacts with other organisations including GP's, community nurses and hospitals. Due to COVID-19 the main form of communication was virtual or remotely which had been predominately successful, however at times the service had experienced delays.