

The Paddocks Care Home Ltd

The Mayfields Care Home

Inspection report

Swan Lane, Tharston
Long Stratton
Norwich
Norfolk
NR15 2UY

Tel: 01508535500

Website: www.castlemeadowcare.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Mayfields Care Home is a residential care home providing personal care to people aged 65 and over, there were 53 people living at the service at the time of the inspection. The service can support up to 60 people in a purpose-built building over two floors with various communal areas and gardens. The first floor specialises in providing care to people living with dementia.

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

People living in the service told us they felt safe and well cared for. Staff were aware of how to safeguard people from potential abuse and there were suitable risk assessments in place. The provider had robust recruitment procedures in place, and sufficient staff on shift to meet people's needs. People received their medicines when they should. The home was clean and infection control well managed.

Staff received the training they needed to meet people's needs safely and effectively. People's nutritional and health needs were consistently met with involvement from a variety of health and social care professionals. People told us they enjoyed their food and had enough to eat and drink. The home was well maintained and free from hazards. 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; however, the policies and recording systems in the service did not always support this practice.

All the people we spoke with were complimentary about the kindness of staff. We observed compassionate care which demonstrated staff had an understanding of people's needs and preferences. People's privacy and independence were promoted. People were included in planning their care and individual objectives.

Staff delivered care in a person-centred way based on people's preferences and wishes, which were clearly documented. There was a wide range of activities available and significant effort was made to engage people living with dementia. Support was available to ensure people remained in touch with their families and the wider community. The manager was responsive to any complaints or concerns although people told us they rarely needed to complain. We received positive feedback regarding end of life care provided.

The management team were approachable, responsive and supportive of staff and people living in the service. People and staff were regularly consulted on the standard of care and support provided and there was positive feedback on the atmosphere and culture in the home. However, some areas of governance required improvement, including management of audits and some assessment tools such as mental capacity assessments and advanced care planning. Incidents and accidents were appropriately managed and investigated but lesson learnt and audits of risks were not always sufficiently robust to optimise risk management. Whilst these were not found to have significantly impacted on people's care, it increased the risk of poor practice. We have made a recommendation to review the risk monitoring systems and relevant assessment proformas.

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 20 June 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Mayfields Care 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.

Inspection team

The first day of this inspection was completed by two inspectors and an assistant inspector and the second day by one inspector.

Service and service type

The Mayfields 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 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

The first day of this inspection was unannounced and the second was announced.

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, health care professionals and other stakeholders who had contact 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 four people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the provider's representative, regional operations manager, registered manager, unit manager, seven care and activities staff and the chef. We spoke with one visiting health care professional and observed medicines administration. We observed how staff supported people in the communal areas.

We reviewed a range of records. This included seven people's care records and multiple medicines administration records with their associated notes. 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 quality assurance processes, 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.

Assessing risk, safety monitoring and management

- Assessments of risks to individual people were detailed and accurate. They specified what actions staff needed to take to mitigate the risks. This included risks such as falls, moving and handling, choking and supporting people during times of distress.
- All risk assessments were checked monthly using a 'Resident of the day' system and a full review of care plans and risk assessments were completed every six months or sooner if required.
- Staff knew people well and could explain without hesitation how they catered for individuals needs to ensure they remained safe.
- Regular maintenance checks and servicing of equipment mitigated the risks associated with the condition of the premises and working practices.

Staffing and recruitment

- The provider continued to operate a robust and thorough recruitment process to ensure only staff suitable to work in care were employed.
- The provider had a rolling programme of recruitment and had a nearly full complement of staff. They were utilising two long term agency staff in the interim to ensure continuity of staff.
- People told us their needs were responded to quickly and effectively. We observed call bells were answered promptly.
- The registered manager used a dependency tool and monitored call bell waiting times regularly to enable adjustments as required to ensure adequate staffing.

Using medicines safely

- Medicines administration systems were well organised, and people were receiving their medicines when they should. One relative told us, "My only worry was [person's] medication - they have a lot of [time specific] tablets...they are really good here and [person] has them on time."
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency to do so was checked regularly by the provider.
- The service audited the medicines administration recording and medicine stocks regularly to monitor and respond to any errors found. When errors were found these were investigated and staff involved supervised or retrained where appropriate.
- The service had a policy for the administration of 'as required' (PRN) medicines, and there were separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to support people with medicines that were prescribed to be administered as required.
- The service had appropriate individual protocols in place to guide the administration of medicines given

covertly or crushed when required. Covert medicines administration is used with people who would otherwise refuse their medicines. Best interest decisions had been made to give medicines by concealing them in food or drink.

Preventing and controlling infection

- Systems were in place to help ensure the service was clean and the risk of cross infection was reduced.
- Cleanliness was observed throughout the home with no malodours.
- Staff were observed to use appropriate personal protective equipment when completing tasks. Staff were trained in infection control, so knew how to mitigate risks.

Learning lessons when things go wrong

- Policies helped to determine actions to take if an accident, incident or near miss occurred. Staff understood the importance of record keeping and knew what should be reported.
- We heard examples where the provider had identified themes of concerns and responded to promote change and improvements to practice. Issues and solutions were shared both at management level and with care staff via meetings and handovers. However, we found the management could not always demonstrate systematically analysing incidents or looking for themes. For example, records relating to falls and behaviours that may challenge were found in separate locations and had not always been clearly collated and analysed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at The Mayfields. One relative told us, "Oh yes [safe], [name] has bed sides here, [the person] could not have them at home and fell out of bed. I only have to say something and they will sort it. They have taken away all of my worries."
- The service had safeguarding systems in place and the registered manager understood their responsibility to report any potential safeguarding concerns to the local authority.
- The staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- The registered manager had reported and acted on most potential safeguarding matters appropriately. However, we found one instance where a person's repeated behaviour placed themselves at risk of self-neglect and harm which had not been appropriately considered under safeguarding. The registered manager immediately rectified this during the inspection.

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 were fully assessed, and their wishes and preferences were clearly documented. People told us they had been fully involved in the initial assessments which took place when they started to use the service. One relative of someone recently admitted, told us, "It was all done so quickly - they have acted so well, [one of the managers] came and did a home visit. They were very reassuring. I have been so pleased with what has happened so far."
- Care and support was planned in line with legislation and nationally recognised guidance was used in delivering care.
- The provider considered assessments completed by other health and social care professionals when carrying out their own assessments.

Staff support: induction, training, skills and experience

- New care staff completed the 'Care Certificate', which identifies a set of standards and introductory skills health and social care workers should consistently adhere to and includes practical assessments of competency.
- New staff's induction also included shadowing experienced staff and regular meetings to review progress. New staff told us they did not work unsupervised until they felt confident and demonstrated the necessary understanding of people's needs and their job role.
- Staff received the necessary support and training for their role; were knowledgeable and demonstrated implementation of their training into practice.
- People told us they felt staff were well trained and capable. They found staffing to be consistent which promoted a good rapport and understanding of people's needs.

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

- People we spoke with told us they enjoyed the food and they were given ample choice. One relative told us, "They are looking after [person] really well. [Staff] already know them well, like they need help with feeding. [Staff] know what [the person] likes and how they like it. [The person] always has a drink."
- People had a healthy, balanced diet which took into account their preferences and any special dietary needs. Snacks and drinks were readily available.
- We observed people being assisted to eat. Staff engaged with people, waiting until they were ready to eat more, advising them of what was on the fork, and offering a drink between mouthfuls.
- Food and fluid charts with desired outcomes and fortified nutrition were in place when assessments indicated increased risk of malnutrition or dehydration. Where appropriate additional guidance was requested from healthcare professionals such as dietitians or speech and language therapists.

- The service supported people with impaired cognition or vision with pictorial menus, showing people the options and using coloured crockery as required.

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

- People were supported effectively to meet their health needs and had been referred to appropriate allied healthcare professionals when required. For example, falls risk assessments were completed, assistive technology and equipment used, and people referred to the falls clinic when appropriate.
- Regular healthcare visits were provided including from the adjacent medical practitioners and community nurses weekly and others such as chiropodists at regular intervals. Other health professionals involved in people's care included dieticians and specialist support for people living with dementia.
- A health professional told us the service was, "Responsive and followed medical instructions well." They noted the staff were always on hand and quick to respond to call bells or people in need.
- Relatives told us they were kept well informed of any changes in health or needs. One relative told us, "[person] had a fall a few months ago and they called me to let me know. They checked [the person] over, they were ok. They notify me of everything."

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

- The service was purpose built, fully accessible and well maintained with ample communal areas and en-suite bedrooms. The ground floor had direct access to secure gardens.
- The service was dementia friendly with pictorial signage and contrasting colours to aid orientation alongside displays of items of interest for stimulation.
- There was a sensory room on the first floor which included ambient lighting, smells, sounds or music and a bubble lamp which were reported to be particularly beneficial for people living with dementia experiencing anxiety or agitation. One person, who was unable to verbally communicate on admission, was reported to have started singing after spending regular time in the sensory room.

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 understood and worked within the principles of relevant legislation. We observed staff asking for people's consent before offering care and supporting people to make their own choices whenever possible. For example, by showing people clothing choices or menu options.
- The service was completing mental capacity assessments when required. However, the records of these assessments were not sufficiently detailed and were not always time or decision specific as required. The provider was already aware their documentation required revising and were working to develop more effective proformas.

- The service ensured applications to deprive a person of their liberty had been made where appropriate, and staff worked in accordance with any conditions.

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

- All the people we spoke with were very complimentary about the approach of the service and it's staff. One person told us, "They are kind and really helpful. They are all polite and I feel comfortable with them." A relative told us, "[Person] is happy here. I must say the staff are good."
- We saw friendly and warm interactions between staff and people using the service. Staff reassured people who were anxious and distressed, responded calmly and with sensitivity.
- The service cared for people's relatives too which positively impacted on the people who used the service and strengthened their family relationships. One relative talked about making the decision for their spouse to move permanently into The Mayfields, saying, "They have taken away all of my worries. It has been a very hard choice, but they have helped me thorough it. [My relative, who is living with dementia] has started talking since being here."

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

- People and their relatives told us they had been involved in the planning of their care and support and this was reviewed regularly.
- People had keyworkers and staff told us they could spend time with people using the service, to enable them to express themselves and build a rapport.
- There were regular resident's meetings and people told us they always found staff were available to talk to.

Respecting and promoting people's privacy, dignity and independence

- Maintaining and encouraging independence was embedded in the care provided. One relative told us, "[Person] has improved since being here. [The person] left the hospital not being able to do anything, now they're able to stand so I can take them out." Another relative also valued the staff's promotion of independence, stating, "[The staff] have been good, they have promoted [person] to stand and walk. It is so nice to see. They take [the person] for a walk around the room. I feel [person] is happy here, everyone is so pleasant. It is a lovely atmosphere."
- Staff recognised the importance of people's privacy and dignity when supporting them with personal care tasks. For example, people were encouraged to manage any aspects of their personal care themselves whenever possible and privacy was offered wherever appropriate, for example when using the toilet.
- We observed good care and attention was taken to ensure people were clean and well presented throughout the day. One relative told us, "[Person] is always shaved, clean and they know how to help [person] now. I know [person] is safe and cared for here."

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's life histories, interests and preferences were clearly documented.
- Staffing was consistent, so staff knew people well which enabled a person-centred service.
- People and their relatives described being regularly consulted on their care plans and about their wishes.
- Reviews of care were completed regularly but individual care records were not always sufficiently comprehensive. We found details of incidents or changes in need were often held and analysed centrally and were not routinely included in individual care files. This made an overview of changes in need or patterns of behaviour more difficult to achieve.

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.

- Information was available in alternative formats, including large print and pictorially, and people's individual communication needs were recorded in their care plans.
- One relative noted, "[Staff] are really good. [Person] has lost their hearing aids, [the person] walks about the home and puts them down, [The staff] are good at getting [the person] more."

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

- There was a dedicated activities team and activities support was available every day. Activities were considered integral to the service provided and included both group and one-to-one support tailored to individual preferences.
- There was diverse range of regular activities including crafts, quizzes, dance and exercise. Entertainers such as singers visited regularly. Food themed events such as tea parties, fish and chips from the local chip shop and international themed taster evenings were regularly arranged. Seasonal events including summer and Christmas fetes and bonfire night were arranged with locals and relatives invited.
- Local school children visited for events such as Christmas and Halloween and there were plans for a nursery group to visit regularly. Regular outings were also arranged such as to the local garden centre or dementia café.
- Staff made sure people could maintain relationships that mattered to them, such as family, community and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged. Families were encouraged to join activities, events and meals;

monthly evening events took place to enable working relatives to participate.

Improving care quality in response to complaints or concerns

- The registered manager reported they kept a detailed log of both informal and formal complaints and concerns. They saw complaints as an opportunity to improve the delivery of the service and understood the importance of the service being held to account. For example, a theme of concerns regarding laundry management had been reviewed and measures taken to improve the service.
- People we spoke with told us they had not had any significant complaints to make but they felt able to do so if the need arose.

End of life care and support

- We received positive feedback from a recently bereaved relative and a health professional regarding the end of life care provided by the service. The relative told us, "I was away at the time, the staff sat with [my relative] through the night. I feel they were really kind. They kept me informed... they have been here for us too."
- We found the provider did not use a specific advanced care plan proforma to support end of life care planning although had updated relevant care plans when someone's health deteriorated. Advanced care plans can provide both the dying, their families and the staff reassurance that the person's wishes would be respected. The provider agreed to incorporate offering advanced care plans to support personalised end of life care planning as part of people's scheduled reviews.
- The provider noted they were having difficulty sourcing refresher training for end of life care due to local issues however were working to resolve this.

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 now deteriorated to Requires Improvement. 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

- We found the service did not always have proformas which were based on current best practice. This included mental capacity assessments which were not clearly decision or time specific and a lack of advanced care plans to detail people's end of life care preferences. Whilst we did not find significant impact on people, the risk of poor care occurring was raised by records not being based on best practice.
- Some concerns identified during the inspection had not been found and analysed by the management team as part of their audits and quality checking processes. For example, audits had not identified and analysed a particular pattern of incidents regarding one person whose behaviour placed them at risk of self-neglect and harm. This did not assure us the risk monitoring systems in place were consistently keeping people safe.
- Whilst the service had a system of quality assurance audits for high-risk areas, we found some audits such as falls, skin care or behaviour support plans were not sufficiently robust. Information was recorded across multiple places and lacked clear collation and analysis records. We were not assured analysis was always embedded into individual care plans or systematically used to appropriately mitigate risks and inform future practice.

We recommend the provider seeks advice from a reputable source to review the relevant assessment proformas and risk monitoring systems and take action to update their practice accordingly.

- Following an incident, one person who was living with dementia, was identified as at significant risk of attempting to leave the building and becoming lost. The provider had notified the relevant people and had appropriate measures in place to minimise the risk of the person leaving without their knowledge. However, they had not completed a multi-agency tool known as a 'Herbert' protocol. The Herbert Protocol is a nationally recognised information sharing scheme, used in the event a person with impaired cognitive ability goes missing. The service was aware this was needed, however acknowledged they had not done so within a reasonable timescale. They completed the protocol on request during this inspection.
- The registered manager understood their responsibilities of registration with the CQC. They usually ensured CQC received notifications about important events so we could check they had taken appropriate action.
- There was a clear organisational structure and staff were clear what their individual and team responsibilities were. The provider and regional support team took a comprehensive approach to support

and overseeing the management of the home and were well-known and accessible to both the management team and care staff. One staff member commented, "It's a family run business. [The provider's director] is very friendly and knows all the staff."

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

- People and staff described the atmosphere at the home as positive and welcoming. One relative told us, "The care is top. It is as good as you could wish for."
- We found the management team open and responsive to the inspection and any issues we identified were considered and acted on swiftly whenever possible.
- Staff and people using the service all reported the management team were accessible and supportive. Staff told us they felt able to raise issues whenever necessary. One staff member told us, "I can be opinionated - they do listen and let us try new things." Another staff member said, "[The registered manager] is always about, I think [the registered manager] knows the residents and is good with the families."

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

- Resident's and relative's meetings were held regularly, and people were encouraged to participate in service decisions such as recruitment, menus and décor.
- Regular staff meetings and handovers enabled good communication and responsiveness. Staff received regular supervision and appraisals which they told us was supportive and promoted their development and best practice.
- People, relatives, staff and visiting professionals were all offered an annual satisfaction survey to enable feedback on the service and an action plan was developed from these to improve the service.

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 provider and registered manager were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise to people and give feedback if things went wrong.
- Complaints and minor dissatisfactions were clearly recorded and acted upon appropriately.
- People and their relatives were complimentary about the service, told us they had rarely had a cause to complain and felt any complaints made were dealt with effectively.
- There was information readily available to both people using the service and staff about how to report any concerns.

Continuous learning and improving care; Working in partnership with others

- The service demonstrated a commitment to learning. For example, they had provided a dementia care event which both relatives, the local community and professionals attended. This included a virtual dementia tour which enabled people to gain insight to the worlds of people living with dementia.
- The service had a clear development plan to promote improvements to the service.
- The registered manager attended both internal provider management forums and external provider and stakeholder forums to share and develop best practice.
- The service worked well in partnership and collaboration with key organisations to support care provision and joined-up care.
- People benefitted from effective networks the service had built with other resources in the community, such as the local school and dementia café.