

Littleton Holdings Limited

Mayfield House

Inspection report

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Date of inspection visit:
09 May 2022
12 May 2022
13 May 2022

Date of publication:
09 June 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mayfield House is a purpose-built residential care home providing personal care for up to 51 people. The service provides support to older adults and those living with dementia. At the time of our inspection there were 40 people using the service. Mayfield House accommodates people across two separate units, one of which specialises in care to people living with dementia.

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

We could not be assured people had received their medicines as prescribed. Systems in place to ensure the proper and safe management of medicines were not sufficiently robust. The provider's efforts to address errors/discrepancies had not been effective. We referred these concerns to the local authority for further support.

Staff took some action to reduce potential risks to people. However, risk assessments did not always include enough individualised information about the support people needed to mitigate risks and some risk assessments were not in place where required.

The provider's governance and oversight systems were not always effective. Despite their audits identifying areas which required improvement, they did not highlight all the issues we found during the inspection.

The premises were safe. However, fire evacuations which considered minimum staffing levels needed to be carried out. Following the inspection, the manager confirmed how they would address this.

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. Whilst the provider had processes in place for capacity assessments and best interest decisions to be made, gaps in staff knowledge had resulted in these not always being completed correctly in line with the MCA. We have made a recommendation about this.

There were enough staff to respond to peoples' needs during the inspection, however staffing levels varied at times. The provider was unable to demonstrate safe staffing numbers had been established based on the needs of the people being supported. The provider had recruited some new staff and was continuing to recruit. Staff were recruited safely. During the inspection, the management confirmed they would increase staffing numbers and would source a more effective dependency tool.

People were supported by familiar staff who understood their needs and respected their choices and preferences. However, care plans did not always contain enough information to guide staff about people's care needs, taking account of their individual preferences.

People told us they felt safe living at the home and overall were complimentary about the support they

received. Appropriate safeguarding arrangements were in place. Staff received appropriate training and support.

Relatives were positive about the communication at the service and felt well informed. Visiting was taking place in line with government guidance. A new activities coordinator was due to start at the home.

The provider had a quality improvement plan in place which was updated following the inspection to address the issues we identified. Since the last inspection the provider had made some improvements in relation to the management of complaints, some refurbishment of the premises and they planned to implement new electronic recording systems. Managers were responsive and keen to address any areas identified for improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 October 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. The provider has taken some immediate actions and provided an action plan. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayfield House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of medicines, management of risk and good governance at this inspection. We have made a recommendation in the effective section of this report.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mayfield House

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 Health and Social Care Act 2008.

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 two inspectors and a nurse specialist advisor.

Service and service type

Mayfield House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mayfield House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. However, they were on a planned period of absence and there was an acting manager in place.

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 about the service and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 14 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided and three relatives. 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 spoke with 13 staff members including care assistants, domestic staff, the maintenance person and the cook. We also spoke the acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included seven people's care records and 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Using medicines safely

- We could not be assured people had received their medicines as prescribed. Systems in place to ensure the proper and safe management of medicines were not sufficiently robust.
- The provider's audits had identified some people had received too much or too little medication. These errors were not always being reported to relevant professionals and/or investigated in line with good practice.
- The provider's efforts to address these errors had not been effective.
- Prescribed medicines were not always available as some supplies had run out. Following the inspection, we were advised actions had been taken to address this.
- Topical creams had not always been stored safely.
- Care plans were not always in place or sufficiently robust to appropriately guide staff about people's needs in relation to medicines.

We found no evidence that people had been harmed. However, people did not receive their medicines safely or as prescribed because the provider had failed to ensure proper and safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we reported these concerns to the local authority and local medicines optimisation in care homes team, for further support.

Assessing risk, safety monitoring and management

- Staff took some action to reduce potential risks to people and risk assessments were in place. However, these did not always include enough individualised information about the support people needed to mitigate risks. One person had a sensor mat in their bedroom which was ineffective, however no alternative had been considered.
- In some cases, risk assessments were not in place where required. For example, where there was the increased risk of falls or risk of ingestion/choking. During the inspection the manager put some risk assessments in place, however these required further work.
- Not all care plans contained enough information to ensure staff could safely support people.
- A domestic trolley was left unattended containing products which should be kept securely, this was a potential risk, especially as people were living with dementia. Powder used to thicken drinks was not always stored safely as required. These issues were addressed straight away.

We found systems were either not in place or robust enough to demonstrate that risk management and safety were effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The premises were safe. There were environmental risk assessments in place including fire, and regular checks and testing of the premises/equipment were carried out. However, whilst fire drills had taken place, evacuations taking account of minimum staffing levels had not been undertaken to ensure they would be effective. Following the inspection, the manager confirmed how they would address this.

Staffing and recruitment

- We observed there were enough staff on duty to respond to people's needs. However, staff told us that at times they felt stretched and unable to spend quality time with people, as staffing levels often varied. One person told us "They do their best, they are always busy."
- Rotas showed variations in staffing numbers on different days, based mainly around staff availability. The provider was unable to demonstrate safe staffing numbers had been established based on the needs of the people being supported.
- Staffing had been a challenge for the provider due to staff leaving. Whilst the provider tried to obtain staff from local agencies, they were not always staff available at short notice. The provider had recruited some new staff and was continuing to recruit.
- During the inspection, the management confirmed they would increase staffing numbers and would source a more effective dependency tool.
- Staff had been safely recruited. Staff had pre-employment checks to ensure their suitability before they started working with people.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. They were positive about the support they received, commenting "It's smashing"; "Everything is okay" and "They're (the staff) are a lovely lot."
- Systems were in place to make sure safeguarding incidents were reported to the local authority and action taken to keep people safe.
- Staff had received training in safeguarding and understood their role to keep people safe, they told us they would report any concerns to the management.

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 somewhat assured that the provider was using PPE effectively and safely. On one occasion a staff member did not remove their gloves and aprons safely when they came out of a person's bedroom. Managers told us they would undertake refresher training in the donning and doffing of PPE.
- 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.

We have also signposted the provider to resources to develop their approach.

Visiting in care homes

Visiting was taking place in line with government guidance. Visitors were also asked to wear PPE as appropriate.

Learning lessons when things go wrong

- Accidents and incidents were recorded. There was some analysis of accidents and incidents, but this needed to be more robust to identify any trends or patterns such as any areas within the home where accidents happened more often.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had processes in place to enable capacity assessments and best interest decisions to be made, however gaps in staff knowledge had resulted in these not always being completed correctly in line with the MCA.
- DoLS applications had been made appropriately and the provider had systems in place to monitor these.
- Staff sought people's consent before delivering support and respected people's decisions.
- Where able to, people were asked to sign their agreement to their care and support within their care plans. Managers were in the process of obtaining confirmation from people and their relatives about any Lasting Power of Attorneys (LPAs) in place.

We recommend the provider ensures appropriate training, oversight and support is in place, to enable staff to work fully in line with the MCA.

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

- People were offered enough to eat and drink. People were generally satisfied with the food provided. They commented, "We don't do so bad (for food)" ; "The food is alright, if there's something you don't like, you can ask for something else" and "I'm a fussy eater but they cope well."
- The food was well presented, and staff supported people effectively at mealtimes.
- Overall, staff understood people's nutritional needs. However, in one case a member of staff was

unfamiliar with a person's dietary requirements. The person's care plan also contained contradictory information about these needs. The manager agreed to address this straight away.

- People's weights were monitored. Food and fluid charts were in place where necessary, and further action taken if required. People were supported and encouraged to have plenty to drink.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to help ensure they could meet people's needs effectively. There was a training matrix which showed staff received training in various subjects.

- We have made a recommendation around further training and support for staff in relation to the MCA.

- Face to face training had recently restarted following the pandemic. Staff were currently undertaking training in dementia care.

- New staff had an induction when they started work. This included training and shadowing more experienced staff.

- Staff were supported with regular one to one supervision meetings and appraisals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were assessed prior to admission to make sure the service could meet their needs, including information from other professionals where relevant.

- People's health needs were included in their care plans, however at times this information was inconsistent. For example, whether a person required their blood sugar levels to be monitored or not, however, when we checked staff were correctly following the GP's advice.

- Staff assisted people to access support from health care professionals such as GPs, district nurses and dieticians where required.

- The home was aligned to a local GP practice,

- People's oral hygiene needs were considered as part of their care plans and staff had received training in this area.

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

- The service had undergone some refurbishment since the last inspection. One area had been made to resemble a small pub and they were creating a sensory area in the garden.

- The provider had plans to further improve the environment.

- Not all people had their names displayed on their bedroom doors and alternatives had not been considered to help people identify their bedrooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection, the provider had failed to ensure complaints were recorded and responded to in a timely way. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 16.

- The provider had a complaints policy in place. People and their relatives told us they knew how to raise concerns should they need to.
- A relative said they felt confident if they had any concerns they would be dealt with appropriately.
- There was a system in place to log, investigate and if necessary, address any complaints.
- We saw complaints had been responded to and actions taken as necessary.
- The manager planned to develop a more robust system for capturing compliments.

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

- Whilst care plans were in place, these did not always contain enough information to guide staff about people's care needs, taking account of their individual preferences or how they wanted their care to be provided. On occasions information within the care plans was inconsistent or missing, including some health needs.
- Care plans were kept up to date, however reviews with people and their relatives to discuss their care had not been held on a regular basis. The management team confirmed they would address this.
- Aspects of the service were person centred, for example people could choose where to spend their day, where to eat and if they preferred to be supported by a female or male carer. However, decision making around night safety checks was not person centred, as these were carried out routinely.
- Overall people were supported by familiar staff who understood their needs and respected their choices and preferences. People commented, "It's okay here, they let me choose "and "Some days I go out but others I prefer to stay in my room". Relatives also told us, "Staff are very aware and sensitive of (relative's) needs" and "They are good at spotting when (relative) is not happy."

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

- Care plans didn't always include ways to support people's emotional needs and wellbeing, taking account of their life histories and interests. "This is me" information within the care plans had not always been completed.
- Staff supported people to undertake some activities, however the provider had recently identified the

need to employ a dedicated activity coordinator, who was due to start shortly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a policy in place in relation to providing information in an accessible format.
- People had communication care plans in place. In one case staff had supported a person to use a white board to communicate their needs in writing.
- The provider was able to provide information in alternative formats if needed.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- Where people required end of life care, staff worked with appropriate health professionals to meet people's needs. They would be supported to remain comfortable and pain free.
- Some people had care plans in place to consider their end of life wishes, however this was an area the manager had identified for further development.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection we found the provider had not always operated effective processes to assess, monitor and mitigate risks to the health and safety of people who used the service.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17.

- The management team carried out audits, and some checks were in place to monitor the quality and safety of the service, however we found these were not always effective.
- Despite audits identifying some areas which required improvement, they did not highlight all the issues we found during the inspection.
- Medicines management required improvement to ensure medicines were safely managed and available when people needed them.
- Improvements were required to ensure risks to people were assessed and mitigated effectively in order to maintain people's safety and wellbeing. In addition, improvements were required around staffing levels, staff working in line with the MCA and person-centred care planning.

The provider had not always operated effective processes to assess, monitor and mitigate risks to the health and safety of people who used the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post, however they were not present during the inspection as they were on a planned period of leave. The acting manager and nominated individual were responsive and took some immediate actions during the inspection.
- The provider had a quality improvement plan in place which was updated following the inspection to address the issues we identified.
- The provider had made some improvements in relation to the management of complaints, aspects of the premises and planned to implement new electronic recording systems.
- The management team had recently linked in with Skills for Care; an organisation who support the adult social care workforce with training and development.

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

- Overall people and their relatives were positive about the care provided. One relative told us they were "very happy" with Mayfield House and found the management team very friendly. Another felt their relative had improved over the previous few weeks
- A range of policies and procedures were in place to help guide staff in their roles. These were reviewed to help ensure staff had up to date guidance.
- Regular staff meetings were held, and daily handovers to share information about any changes to people's needs. The process had recently been reviewed to ensure all relevant information was shared robustly.
- A new role had been created within the management team to support staff to provide good outcomes for people. Due to recent management adjustments, some staff felt unsettled but overall supported in their roles.
- CQC were notified of all significant events.
- The management team were aware of the need to be open and transparent with people and their families. They were keen to learn from any incidents and make any changes to improve the quality of the service.

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

- Relatives were positive about communication. They told us, "They (staff) are very proactive in communication" and "We're kept well informed."
- A newsletter had recently been created and shared with people and their relatives, as well as a Facebook group, to help relatives stay informed.
- Surveys had been undertaken to seek feedback from people and staff. However, information to demonstrate how this feedback had been acted upon had not been distributed.
- Resident's meetings to enable people to share feedback about the service had been paused but there were plans to reinstate these.
- Staff worked closely with others, such as the local authority and health professionals, to ensure people were supported in the most effective way.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not receive their medicines safely or as prescribed because the provider had failed to ensure proper and safe management of medicines. Systems were either not in place or robust enough to demonstrate that risk management and safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not always operated effective processes to assess, monitor and mitigate risks to the health and safety of people who used the service.