

Quantum Care Limited

Mayfair Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 03 July 2017 and was unannounced.

Mayfair Lodge provides personal care for up to 62 older people. The service is not registered to provide nursing care. There were 58 people accommodated at Mayfair Lodge at the time of this inspection.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we last inspected the service on 13 July 2015 the service was rated as overall good with one area rated as requiring improvement. At this inspection we found that the registered manager and staff team had made improvements in relation to promoting people's dignity and respect.

People felt safe living at Mayfair Lodge. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities to maintain good health. People's health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's safety was promoted by staff who had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Potential risks to people's health, well-being or safety had been assessed and were reviewed regularly to take account of people's changing needs and circumstances.

Staff helped people to move safely using appropriate moving and handling techniques.

People, their relatives and staff all told us that there were enough staff available to meet people's needs.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff.

Is the service effective?

Good ●

The service was effective.

People and their relatives told us that the care and support provided at Mayfair Lodge was appropriate to meet people's needs.

Staff received training to support them to be able to care for people safely.

The management team and staff confirmed that there was a programme of staff supervision in place.

Staff obtained people's consent before they provided day to day

care and support.

People were provided with a good choice of food and appropriate levels of support to help them eat and drink sufficient amounts to maintain good health.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People, and their relatives, told us they were happy with the staff that provided their care.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

People were given the information and explanations they needed to support them to make decisions about their care.

The environment throughout the home was warm and welcoming.

People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike.

Care records were stored in a lockable facility in order to maintain the dignity and confidentiality of people who used the service.

Relatives and friends of people who used the service were encouraged to visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives had been involved in developing people's care plans.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Staff responded to people's needs in a way that confirmed they knew people very well.

There were regular opportunities for people who used the service and their relatives to share their opinions about the service and facilities provided at Mayfair Lodge.

There was a variety of activities offered for people who used the service to engage with if they chose to.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Good ●

The service was well-led.

Relatives of people who used the service and staff told us that the management team was approachable and that they could talk to them at any time.

There were a range of checks undertaken routinely to help ensure that the service was safe.

The provider and registered manager had a variety of ways that they encouraged feedback from people who used the service and their relatives.

Mayfair Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 July 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us on 31 January 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with four people who used the service, four care staff members, representatives of the senior management team and the registered manager. We spoke with relatives of six people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People and their relatives told us that they believed people were safe living at Mayfair Lodge. A relative of a person who used the service told us, "I think [person] is very safe here, I visit at odd times of the day and there is always someone around. When I go home I can relax in the knowledge that [person] is safe and cared for." Another relative told us that it gave them peace of mind knowing that their relative was safe.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the foyer of the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls, mechanical hoists and choking. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. For example, for a person who had been assessed as being at the risk of choking the care plan advised staff on what foods were safe for the person to eat and those to avoid. There was also a suggestion to use gravy and sauces to make food moist and easier for the person to eat safely.

Staff helped people to move safely using appropriate moving and handling techniques. People's care plans included information about the type of hoist and sling that they used which meant that care staff had access to the information that they needed to transfer people safely. For example, one care plan we viewed guided staff about the appropriate loop configuration to use so that the person was not at risk of slipping from the sling. This showed us that people's safety and well-being was a priority for the staff and management team.

We noted that people who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. We checked a random sample of pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and we saw that records were maintained to confirm when people had been assisted to reposition.

At the previous inspection at Mayfair Lodge in July 2015 we had noted that some people used stair gates across their bedroom doors to deter people from entering their rooms uninvited. We had found that the use of stair gates in this manner had not been formally risk assessed. At this inspection we found that risk assessments were now in place for the use of stair gates in this manner including instruction for the gates to be mounted on the exterior of the door frame so that the automatic fire doors were not impeded.

People, their relatives and staff all told us that there were enough staff available to meet people's needs. The

management team told us that they re-assessed people's needs and levels of dependency to satisfy themselves that the staffing levels in the home were appropriate to meet people's needs. Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. The registered manager told us that staff retention rates had improved reducing the need for agency staff cover which had a positive impact on the standard of care delivered.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service. We checked the recruitment records of three care staff and found that all the required documentation was in place including two written references and criminal record checks.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. The registered manager told us that they had recently changed the system of medicines in the home to a pod system. Each pod had the date and time for the medicine to be taken on the seal to help increase people's safety. The registered manager told us that this change had been beneficial as it had reduced the incidence of errors. Some medicines prescribed on an 'as needed' basis were still provided in boxes. We checked a random sample of boxed medicines and found that stocks agreed with the records maintained.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Mayfair Lodge was appropriate to meet people's needs. One person's relative told us, "They look after [relative] very well indeed. The whole family are satisfied."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training such as moving and handling, infection control, dementia awareness and safeguarding.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. A staff member told us, "I have regular supervision with my line manager and we have unit meetings. I feel supported by the management and believe that we do run a safe service here."

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. The application procedures for this in care homes and hospitals are 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 were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection appropriate applications had been made to the local authority in relation to people who lived at Mayfair lodge and were pending authorisation.

People told us, and our observations confirmed that staff explained what was happening and obtained people's consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food and that they were supported to choose

where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. One relative said, "The food is very good, there is always a cup of tea on the go which [person] enjoys very much."

We observed the lunchtime meal served in a communal dining room and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and respectful manner. Tables were nicely laid with cloths and condiments were on the tables to support people to be independent.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. For example, one person had begun to lose weight month on month, staff had identified this and secured external support from the person's GP and a speech and language therapist (SALT). As a result the person's care plan had been amended to guide staff about the support and encouragement the person needed at mealtimes and supplements had been prescribed to help increase the person's nutrition and calorie intake. Records showed that these actions had been successful as the person had gradually regained some weight.

Where people had been assessed as being at risk of dehydration staff members recorded the amount of fluids taken by people over a 24 hour period. However, we found that the recommended amount for people's fluid intake was not personalised for each individual to indicate how much they were able to drink or how much was recommended for them to drink. The registered manager told us that the current recommended fluid intake target was 1500 ml over a 24 hour period however acknowledged that this was not personalised and that this amount may not be achievable for all people. The registered manager undertook to access and circulate guidance to enable staff to calculate people's fluid target intake based on their individual weight.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropractors.

Is the service caring?

Our findings

At the previous inspection in July 2015 we had noted some examples where staff had not always treated people with dignity and respect. At this inspection we heard staff speaking with people kindly and respectfully. For example, staff asked people if they could support them putting a clothing protector on at lunchtime.

People, and their relatives, told us they were happy with the staff that provided their care. A person who used the service told us, "It is a very nice home, the staff are very kind. I am contented here." A relative of a person who used the service told us, "Generally everybody is kind, they all seem to know and understand people well." Another relative told us, "It is marvellous, it is a lovely place and the staff are so caring."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. We saw staff promoting people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms.

People were given the information and explanations they needed to support them to make decisions about their care. For example, one person's care plan stated that they should have their legs elevated to help reduce some swelling that resulted from a health condition. During the course of the morning we noted that the person did not have their legs elevated. The person told us that staff had given them the advice and the benefits for elevating their legs however they said they did not want to sit like that all day because it was not comfortable to do so. They said they appreciated the advice that staff gave them but also appreciated that staff respected their individual choice.

The environment throughout the home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. Communal areas varied throughout the home in accordance with people's needs. For example, on a unit where people lived with dementia we saw that there were many items on the wall to provide visual stimulus such as a collage of knitting patterns, wool and knitting needles. Dead ends of hallways have been known to frustrate or confuse some people who live with dementia, which can lead to agitation. To help prevent this the ends of communal hallways had been designed to create individual seating areas. For example, one sunny corridor end had a garden seat and some fake grass. This showed that the needs of people who lived with dementia had been considered when the unit had been decorated.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed staff interact with people in a warm and caring manner listening to what they had to say and taking action where appropriate. For example, a person said that they felt a bit chilly, a staff member immediately reassured them and fetched them a cardigan. The person indicated their thanks for the attention they had received and commented that it was their favourite cardigan.

People's care records were stored in a lockable facility in order to maintain the dignity and confidentiality of

people who used the service. We noted that the facility was closed when staff were not using it.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives. One relative said, "They always ring me if [relative] has been unwell, even though they know I come in every day."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one care plan we viewed described clearly for staff how a person required support to transfer onto a bath chair, "Staff to position the bath chair so that it is on [person's] right side, explain the procedure to [person] and give the time to transfer onto the seat and then fit the safety belt." This showed that care staff had access to individualised advice and guidance to be able to provide personalised support.

Throughout the inspection we observed several examples of staff being proactive in assisting people and responding to their needs in a way that confirmed they knew people very well. For example, a staff member tried to support a person to enter the dining room at lunch time however the person resisted their efforts and became anxious and agitated. The staff member stepped away and a different staff member approached gently to try to coax the person to go and have their lunch. After a period of time the person eventually accepted support to have their lunchtime meal. This showed that staff had the skills and knowledge of individual's needs to be able to provide the support that was needed.

There were regular meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Mayfair Lodge. We saw that people were provided with feedback on actions taken as a result of issues raised in these meetings. For example, a person had said that the food was not hot enough by the time it was served to them on the unit. The registered manager had arranged a full investigation into this with the temperature of the food being checked as it left the kitchen and at the point of service. Some changes were made to the routines to help make sure people received their food at the temperature they expected. This showed that people were able to positively influence the service they received.

There was a variety of activities offered for people who used the service to engage with if they chose to. For example, during the course of the morning we observed an activities staff member playing an electronic keyboard and guitar for people in some communal lounge areas. Some people were tapping their feet to the music or singing along and on one unit a person joined in by playing the drums. Staff told us that this person had previously been reluctant to leave their room or engage at all however, we noted that they thoroughly enjoyed the music session. Other activities provided included quizzes, armchair exercises, arts and craft sessions and movie afternoons. A volunteer visited the home to facilitate knitting sessions for people who wished to participate and there were day trips planned to the seaside.

The staff member responsible for facilitating activities told us that they were new to the role and had been working towards learning about people's past lives in order to create connections with people. For example,

they gave us examples of three people where they had identified past interests including a person's military service, a person who had previously played a musical instrument and a person who had previously worked in the construction industry. In each of these examples the staff member was able to describe how a connection had been made with people which helped to create opportunities for engagement that were specific to the individual.

The registered manager told us of a person who rarely left their bedroom and enjoyed watching birds. A bird feeder had been positioned outside the person's window so that they could happily watch the birds from the comfort of their armchair. We were told of events that were created within the home such as watching the Queen's birthday celebrations with sherry and nibbles and a gentlemen's day that took place in the sun lounge and involved games of darts, and dominoes with refreshments.

The registered manager and deputy manager told us of a recent initiative they had put into place which had proved to be effective in encouraging people to share their views about the service provision. Alternate months a small group of people who used the service were invited to join the management team at a local coffee shop to have an informal chat about how the service was meeting people's needs and to obtain their views about the improvements they would like to see. The registered manager said that it had been a pleasure to see how much people had enjoyed this outing and it had proved to be a very effective way of obtaining feedback. For example, some people had shared that they were not enthusiastic about the menu. In response to this a menu committee was developed for people to sample various dishes and vote for the dishes they preferred which would then be incorporated into the menu. This showed that the management team were committed to developing the service around people's preferences and choices.

The management team had introduced whiteboards on the individual units in the home as an additional method of capturing relative's and visitor's feedback or ideas for further developing the service provided. Examples of the feedback received by this route included, "Thank you to all of you for settling [relative] in so well" and, "It's such demanding work and you do it with warmth, patience and humour."

People who used the service had been asked if they wanted to be involved with interviewing potential staff members. The management team told us that people were now involved in all interviews of new staff and that this had been a positive and enlightening experience all round. The deputy manager told us that people had asked the interviewees questions that they had not previously thought of such as, "If a person was refusing care or resisting care what would you do?" This showed that the management team were proactive in encouraging people to be involved in aspects of how the service functioned.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager. We noted from records that any concerns that were raised were considered in line with the provider's policies and procedures for managing complaints. For example, any shortfalls identified during relative's meetings were managed under the complaints procedures. The registered manager reported that findings from all investigations were shared with the staff team as a learning opportunity.

Is the service well-led?

Our findings

People who used the service and their relatives knew the registered manager by name and felt that they were approachable with any problems. One relative told us that they thought the registered manager was firm and took no nonsense and went on to say that their relative's health and wellbeing had improved tenfold since they had moved into Mayfair Lodge.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

The registered manager described how they had spent time on each unit of the home evaluating the work undertaken by the staff team because it had appeared that the staff team had been governed by the tasks they had to complete as opposed to the care that people needed. The result of this evaluation was that some housekeeping tasks such as bed making for example had been taken from the staff team to enable them to spend more time providing people's care and support. This showed that the registered manager listened to the feedback from staff and took action to improve the outcome for people who used the service.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, safety checks on bedrails, inspection of the call bell system, and fire checks. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. The registered manager was the lead person in the home for infection control matters and each unit had their own infection control lead who was responsible for ensuring the overall cleanliness of the unit including hoists, slings and the environment.

We noted that one unit in the home did not smell fresh and clean. When we spoke with the management team about this they were able to confirm that there had been many attempts made to address the issue that had not been effective and a replacement carpet had been ordered as a result. This showed that the provider and registered manager had identified the concern and were committed to providing a pleasant environment for people.

Care plan audits were undertaken by the registered manager and the deputy manager on a continuous rolling programme whereby they each reviewed two care plans per day. This was undertaken in line with the 'resident of the day' programme to help ensure that people's needs continued to be effectively met. The management team also undertook a weekly mealtime experience observation to help ensure people received the support they needed in a dignified and respectful manner.

The provider had arranged for an external quality assurance review to be undertaken at Mayfair Lodge in April 2017. The registered manager shared the report from this robust review with us as part of this inspection process. We noted that suggestions made as part of this review had been adopted into practice within the home such as suggestions for the further development of care plans.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives and relevant professionals. Once the completed surveys were received the provider collated the information and produced a report of the findings which was shared with the registered manager along with suggested actions. The registered manager reported that the satisfaction survey was currently on going. They said the results were not yet collated but initial feedback was positive.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.