

# Methodist Homes Mayfields

## 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

What life is like for people using this service:

People continued to receive safe and effective care from kind and caring staff. Staff knew people well and had a good understanding of their personality traits and emotional needs as well as their health and social care needs.

People and their relatives had been fully involved in the assessment and planning of their care before they moved into the service. A care plan had been developed with each person detailing their likes, dislikes, preferences and care needs.

Consent had been sought before any care had been delivered in line with legal requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people and their relatives with kindness, dignity and respect. People's privacy was protected and confidential information was stored securely. People were supported and encouraged to remain independent and do as much as possible for themselves.

People enjoyed the range of activities on offer, trips out on the mini bus and entertainment provided by visiting entertainers. People encouraged and supported to remain active and to take part in social events at the service. Mealtimes were relaxed, informal, social occasions and people enjoyed the homemade food on offer.

Steps had been taken to make sure people were safe. Risks to people had been assessed and minimised in the least restrictive way. The environment was fully adapted to meet the needs of people living with dementia and was clean, safe and hygienic.

The premises and equipment had been routinely serviced and checked to make sure it was safe. Staff had access to protective clothing such as gloves and aprons and had completed training in infection control.

There were enough safely recruited and trained staff on duty to meet people's needs and respond to request for assistance. Staff felt supported by their manager and had completed the training they needed to meet people's assessed needs.

Management and staff worked in collaboration with other stakeholders such as health and social care professionals, volunteers and befrienders to improve outcomes for people and support them to live the best possible life.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted

upon promptly, lessons were learned and apologies were given when needed.

The service continued to be well managed. The registered provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published August 2016)

About the service: Mayfields is registered to provide accommodation and personal care to up to 46 people. There were 44 people living at the service at the time of the inspection most of whom were living with dementia and other age-related conditions. People's accommodation was situated on the three wings.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 Well-Led.

Details are in our Well-Led findings below.

**Good** ●

# Mayfields

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

**Inspection team:** This inspection was completed by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for an older person who was living with dementia.

#### Service and service type

Mayfields is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as serious injuries and allegations of abuse; and we looked at issues raised in complaints and how the service responded to them. We requested feedback from professionals involved in people's care including the local authority, GP and specialist nurse who visited the service. We obtained a copy of the latest Healthwatch report and checked the environmental

health food safety rating. We also viewed comments made by relatives on a care home review web site. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to populate our 'planning tool' and plan our inspection.

During the inspection, we spoke with seven people using the service and five family members to ask about their experience of care. We also spoke with the registered manager, operations manager and area director, the activities organiser and eight members of staff, including care and domestic staff. 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 looked at seven people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment records for five staff and training records for all staff. We also looked at records of checks carried out on the premises and equipment. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

### Systems and processes

- Accidents and incidents were recorded; clearly describing what had happened and what action had been taken.
- All staff had completed safeguarding training; had a good understanding of what constituted abuse and knew how to raise any concerns. The registered manager was aware of and followed local safeguarding procedures. Relatives felt their loved ones were safe. One relative commented, "We are very happy. There's never any shouting and no bullying."
- The provider had a whistleblowing policy and staff knew how to use it.
- Staff were recruited safely and all required pre-employment checks were completed before they started work.
- Staff had completed moving and handling, infection control and health and safety training and understood their responsibilities for keeping people and themselves safe.
- Staff responded well when people showed signs of agitation using distraction techniques to reduce the risk of the situation escalation and harm occurring.
- Some people's behaviour was monitored and recorded. This was available to relevant healthcare professionals as necessary.

### Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe. People's comments included "I'm safe up to now although I don't know how long I've been here" and "I'm safe there are plenty of staff and I have a mat in my room I only have to stand on it if I have an emergency."
- Individual risks to people had been assessed with the involvement of the person and their relatives. Care records provided detailed information for staff to follow about people's individual risks and how to keep them safe from harm.
- Regular safety checks were completed on the premises and equipment which were also routinely serviced.
- A fire risk assessment had been completed which was reviewed regularly.
- Personal emergency evacuation plans (PEEPS) were in place for each person detailing the support individuals needed to leave the building in case of an emergency.
- There was a business continuity plan in place describing how the service would continue to function in the event of an emergency such as loss of power, flood or fire.
- Cleaning materials and other substances hazardous to health were stored in locked cupboards.

### Staffing levels

- Sufficient numbers of safely recruited, suitably qualified and trained staff were on duty to meet people's needs and keep them safe.

- A team of relief staff were employed to maintain safe staffing levels when staff took unexpected leave. This helped to make sure people received support from staff who understood their needs.

#### Using medicines safely

- Medicines were administered to people by trained and competent staff.
- Medicines were stored securely and those that needed to be stored below 8 degrees celsius were stored in a fridge specifically for medicines.
- Medication administration records (MARs) were accurately and fully completed.
- People told us they received their medicines when they needed them.

#### Preventing and controlling infection

- The service was clean and hygienic. One relative commented "It always smells good when you come in; never any malodours."
- Domestic staff were employed and personal protective equipment (PPE) such as gloves and aprons were available throughout the service.
- People were supported to wash their hands before eating.
- The service had been awarded a 5-star food safety hygiene rating by the Environmental Health.

#### Learning lessons when things go wrong

- Accidents and incidents were monitored by the registered manager and provider to identify themes and trends and action was taken to reduce the risk of reoccurrence.
- The registered manager made sure lessons were learnt from any incidents and any changes to people's support needs were communicated to the staff team.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 physical and emotional care needs had been holistically assessed and planned for before they moved in. The person, their relatives and professionals involved in the person's care were consulted as part of this process.
- Assessments were obtained from other health and social care professionals before admission and when needed to help plan effective care for people.
- Staff had access to and followed up to date good practice guidance and legislation.

Staff skills, knowledge and experience

- People felt that staff had the knowledge and experience they needed to support them effectively and had no concerns about the support they received from staff. A relative commented "The staff are amazing they put me completely at ease and told me about things that gave me confidence they knew what they were doing."
- There were systems in place for new staff to receive an induction to their role which included shadowing experienced staff before working unsupervised.
- All new staff were required to complete training relevant to their role and regular training updates.
- Staff received supervision from their line manager and an annual appraisal of their performance providing staff with the opportunity to discuss their learning and training needs and future development needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Staff knew people well and how best to meet their needs.

Supporting people to eat and drink enough with choice in a balanced diet

- People had a positive dining experience, meal times were relaxed and sociable.
- Dining rooms were pleasant with attractively set tables. Different coloured table cloths were used on each wing and a different design table cloth was used at each meal time to help aid people's orientation to time and place.
- People told us they enjoyed the food which was homemade and of a good standard. One person commented; "I enjoyed my dinner, it wasn't all piled up; just what I would have had at home."
- Drinks and snacks were freely available on each wing throughout the day. We saw people helping themselves to drinks, snacks and fruit from a counter in 'The hub'.
- Care plans outlined the nutritional needs of people and included an assessment of any risks people faced from malnutrition.
- People's specialised diets were catered for and people who needed help to eat were supported appropriately.

- A healthcare professional told us they felt the food was of 'good quality'.

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

- The service had been specifically designed and built to promote well-being and meet the needs of people living with dementia and other age-related conditions.
- Each wing was decorated in a different colour to aid people's orientation.
- Each wing had its own kitchen and lounge area which were homely and domestic in character.
- In each lounge there was a range of different seating arranged in small groups to promote conversation and privacy.
- There was a large communal area referred to as 'the hub' which people used throughout the day.
- Bathrooms were fully adapted and coloured paint, pictures and shelving had been used to give them a domestic feel.
- The premises and gardens were fully accessible. Corridors were wide and well-lit to promote safe mobility.
- Technology and equipment was used effectively to meet people's care and support needs. Call bells and pressure mats were used to alert staff when people needed assistance.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- There were arrangements for people to attend routine health screenings appointments for example for blood tests, foot and eye care.
- When needed support from healthcare professionals such as GP's and community psychiatric nurses (CPN's) had been sought.
- There were arrangements in place for the local GP and a clinical nurse specialist to visit weekly and as and when needed.
- Records detailed that staff had regular contact with healthcare professionals including district nurses and kept them up to date with any changes to people's physical health and emotional wellbeing.
- People's health was monitored and any changes recorded. We heard one staff commenting on the fact that a person was continually clearing their throat and said to a colleague "We will have to make sure we record this and pass it on for monitoring."
- A health care professional told us "I have no concerns with Mayfield. The care is of a high standard."

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People and their relatives were involved in decisions about their care; One relative commented "I understood about DoLS already but I was very impressed when the manager asked me if I was aware of the DoLS process and went through it all with me."
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity and supporting people to express their views and be involved in making decisions about their care.

- People and their relatives felt they were treated with kindness, dignity and respect. Comments people made included "The staff are very kind; nothing is too much trouble" and "Everyone is very good here." Relatives comments included "Staff are absolutely amazing they made us feel at home. They knew we were worried and reassured us". "The manager said they had a bed for mum but that they could not take her immediately as the room had been empty for a couple of weeks and they wanted to get it warm for her when she arrived" and "I stayed with mum on her first day until 9:30pm. I thought the atmosphere would change when the night staff came on duty but the positivity and vibe was just the same."
- Staff understood and supported people's communication needs and choices. Staff observed body language and maintained eye contact and listened patiently and carefully when speaking with people.
- We heard one staff member asking a person "Would you like a clothes protector on whilst you have your porridge?" The clothes protector was not put on until the person responded by nodding in the affirmative. The staff member then kept an easy dialogue with the person, checking with them they were enjoying their food, asking if they were ready for more and encouraging them by saying "You are doing really well."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. We observed people and staff sharing jokes together and chatting about what they had been doing.
- People and family members had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Staff used this information to help them get to know people and talk to them about things they were interested in.
- People and those that mattered to them were involved in every aspect of their care.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to maintain their appearance in line with their own preferences and choices.
- People could visit the onsite hairdressing salon which was fully equipped and had a waiting area providing an authentic experience for people.
- People had their own rooms which were decorated and furnished to reflect their personalities and preferences. People were able to bring items of their own furniture to help make them feel at home.
- Doors were kept shut when personal care was delivered. Staff knocked on people's doors and waited for a response before entering people's rooms.
- People were supported to be independent. We saw staff encouraging people to eat and walk independently. One relative told us the staff encouraged their loved one "to do as much as they can for themselves."
- One person folding laundry told us "I used to do it at home. I like to help out and keep busy".

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

#### Personalised care

- People's personal needs and preferences were documented within their individual care plans.
- Some people's bedrooms had a photograph of the person on the door. Many bedrooms had memory cases outside containing photos and small personal items to aid people's orientation and to stimulate conversation.
- People and their relatives were involved with the on-going assessment and care planning process. One relative commented "They always keep us up to date and we can see the care plan anytime."
- Assisted technology such as sensor mats and call bells were used and were accessible to people. Staff responded quickly when these were activated.
- There was a wide range of activities on offer that people enjoyed including trips out in the mini bus, exercise classes, art and craft, a gardening club, reading the papers, knitting groups and music therapy. One person commented "They seem to have plenty (of activities) going on. At the moment there are hand exercises going on." A relative told us "There's a lot going on; there was a fete in the summer, there's a girl who plays the key board and carol singers came in at Christmas."
- We saw a group of people enjoying a reminiscence session. They were discussing past Christmases and their favourite presents and people were engaged in card making, a sing a long and knitting.
- The registered manager had recruited 20 volunteers made up of former relatives and some Scouts on the Duke of Edinburgh scheme to visit people who did not usually have visitors. These were organised by a Volunteer Coordinator who was employed for 10 hours per week.
- The service was visited twice a week from Methodist Ministers and lay people there was also a Sunday service.
- People from all faiths were welcomed into the service. Ministers from other churches were also invited to visit the service to meet people's needs.

#### Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns and felt listened to. One relative commented "We are perfectly happy with everything; I'd speak to the manager if I thought anything was wrong."
- Complaints had been investigated and responded to in line with the providers policies and procedures. Complaints were monitored for themes and trends and changes made to prevent similar complaints arising.
- People had the opportunity to discuss the running of the service, make suggestions and raise concerns at resident and relative meetings.

#### End of life care and support

- Where possible people's wishes for the support they wanted to receive at the end of their life had been

documented in a care plan.

- There were arrangements in place for people to receive appropriate health care support at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People, their relatives and visitors felt the service was well managed. One relative commented "We've been very impressed with everything. The manager spent a lot of time with us explaining everything and reassuring us."
- The registered managers office was off the main foyer or 'hub' and so was accessible to people and staff. People and their relatives knew who the management team were, saw them regularly and felt they were approachable.
- Staff also felt the registered manager was approachable and the service was well run. Staff enjoyed working at the service and their morale was high. One staff member commented, "I love my job."
- People, their relatives staff and other stakeholders had the opportunity to give their views of the service and make suggestions for improvement through meetings and satisfaction surveys.
- The service worked in partnership with outside agencies including health and social care professionals such as local GP's, specialist nurses and social workers.
- The service also had formed links with community groups. For example, local schools and scout groups. They had also worked in partnership with Chester zoo to increase the wildlife that visits the garden and worked with volunteers who provided activities and befrienders who visited people at the service.
- Comments made by relatives on a care home review web site were overwhelmingly positive.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Continuous learning and improving care.

- The registered manager had notified people's relatives, CQC and other agencies of accidents and incidents and apologies had been given when things went wrong.
- Regular staff meetings had been held at which the registered manager delivered key messages and updates to the staff team.
- Arrangements were in place for whistle-blowing concerns to be investigated by a third party to ensure impartiality.
- The registered manager told us they were always looking at ways to improve the service and the support they provided; they attended meetings with their peers to share learning and exchange ideas.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

- Comprehensive audits were undertaken by the registered manager and provider to monitor the standards and quality of the service. These systems had been effective in driving improvement and improving outcomes for people.
- All aspects of the running of the service was audited and checked including health and safety, staffing, medication care planning and medication. When shortfalls had been identified action had been taken to bring about improvement.