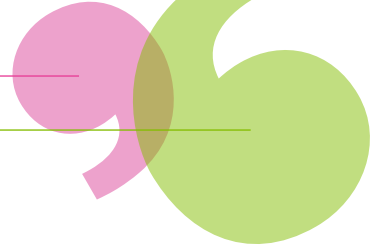


Enter & view Report:

healthwatch
Trafford

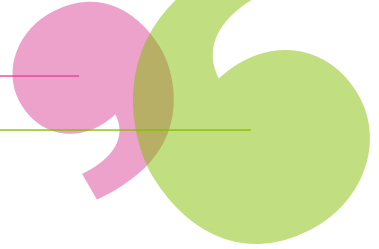
Mayfield Care Home,
Sale
September 2016





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What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their Healthwatch lead who will inform the service manager, ending the visit. In addition, if any member of the service's staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission [CQC] where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Trafford would like to thank the management, staff and residents of Mayfield Care Home for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users, only an account of what was observed and contributed at the time.



Details of the visit

Purpose of the visit

Review of Care Home provision in Trafford

Service Address

Mayfield Care Home, Beaufort Road, Sale, Manchester, M33 3WR

Service provider

Mayfield Carehome Limited

Date and time of visit

Wednesday 7 September 2016 - 10:00 am - 12:00pm

Authorised representatives

Marilyn Murray and Katherine Bays

Contact details

Healthwatch Trafford, Sale Point, Sale, Trafford M33 6AG



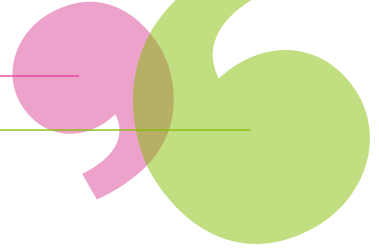
Executive Summary

Overall, the outcome of this Enter and View is positive. The authorised representatives leading this visit felt that the standard of care at Mayfield Care Home is good. The manager provides a pleasant organised home with a consistent management culture that is reflected in responses from residents who have expressed that they felt safe happy and well looked after at the home.

The Enter and View representatives' observations concluded that:

- That residents are willing to share their views.
- That residents appeared comfortable with their surroundings.
- Staff were observed responding to residents needs in a friendly and considerate manner.
- To promote social inclusion, the home provides a communal lounge and a garden area. The home provides a variety of activities that residents can participate in.
- That there is a secure environment with staff on-site 24 hours a day, 7 days per week.
- That residents are able to see a doctor and other health professionals when required.

On the day of the visit the manager of the home was extremely helpful in supplying information and showing the Enter and View representatives around the home.



Purpose of the Visit

The visit is part of an ongoing planned series of visits to care homes to discover what residents and their families think about the health and social services that are provided and examples of good working practice by:

- Observing & identifying best practice in the provision of care homes ‘for vulnerable older people requiring social care or nursing care’
- Observing residents and relatives engaging with the staff and their surroundings
- Capturing the experience of residents and relatives

Strategic Drivers

- Ageing population in Trafford requiring care homes
- ‘Good practice’ policy Healthwatch Trafford
- Care Quality Commission & partners ‘dignity and wellbeing’ strategy, which states that:

‘People using services are treated with respect and dignity at all times while they are receiving care and treatment. To meet this regulation, providers must make sure that they provide care and treatment in a way that ensures people’s dignity and treats them with respect at all times. This includes making sure that people have privacy when they need and want it, treating them as equals and providing any support they might need to be autonomous, independent and involved in their local community’. [<http://www.cqc.org.uk/content/regulation-10-dignity-and-respect>]

Methodology

This was an announced Enter and View visit.

Contact was made with the manager of Mayfield Care Home explaining our reasons for the visit. Posters were supplied to alert our visit to staff, residents and family members.

Some predetermined questions were available to the Enter and Visit team carrying out the visit and these can be found on Appendix 1. Answers to questions that we posed to the Manager prior to the visit can be found at Appendix 2. We have included the Managers responses corresponding to the feedback in the body of the report. It was agreed with the manager that the visit would last approximately two to three hours.

We were guided by staff on the residents we could approach to answer our questions. We had the discussions with the following:

- Talked to six residents* plus management and staff

**Permission to speak to residents was received from residents prior to any conversation taking place.*



The visit

Introduction

Mayfield Care Home is a privately owned residential home and is situated in a secluded residential location in Sale near to local shops. The home has 22 single bedrooms and 1 shared bedroom and can accommodate up to 24 residents. There is a large parking area to the front of the house that can accommodate up to 12 cars.

The residents are senior (mostly over 65 years) many requiring support to manage their care needs. The length of time that people have been at the home is varied. We were informed by management that outside services such as dentist, doctors and hairdressers are available and these providers regularly visit the home. The home has staff on-site 24 hours a day to provide care and support; management and senior staff are 'on call' in case of an emergency.

Observations


Mayfield Care Home is a large house that provides accommodation over three floors; a recent extension provides a spacious communal lounge area. There is a wheelchair ramp with handrail to the main entrance of the home. The home has a large lawn garden to the front of the building with plenty of garden furniture where residents can sit out. On approaching the front door there are two notices requesting that visitors to the home avoid mealtimes to alleviate any disruption to residents; the other notice asks people to reclaim unlabelled clothes before they are disposed of.

There is sanitising hand gel provided in a wall-mounted dispenser at the entrance of the home. On entering the building there is a good size entrance hall with a visitors' book displayed which the Enter and View team were asked to sign, also displayed in the entrance was a notice board with information of forthcoming events and a rota of the weekly activities that the home provides. There was no picture board or information on staff members displayed. The entrance to the home had a strong smell of urine* in the hallway, this wasn't evident elsewhere.

** The Manager's response*

I did explain to the Enter and View team that a resident had had an accident in the lounge and staff were assisting her to the bathroom and I believe the smell of urine was that. Mayfield has effected daily cleaning schedules, which protects residents, visitors and staff from infection.

The structure of the home is over three floors, basement, ground floor and first floor with bedrooms on all floors. There were bathrooms on each floor; bedrooms have ensuite toilet and washbasin facilities. In addition, there were toilet facilities on each floor with visual signage on doors. We saw evidence of hand washing facilities throughout the building.



All rooms appeared clean and welcoming, the communal lounge has been extended and this has provided a large pleasant space with a number of different areas for residents to use with adequate seating for them and their visitors.

The home has a bright and inviting dining room with four tables and chairs that can accommodate 12 people at one sitting. There is also a dining table available in the lounge area for residents to use. Residents can choose where they wish to have their meals.

Enter and View representatives observed staff using protective equipment such as aprons and gloves to minimise the risks of cross infection while administering personal care.

The length of time that people had been living at the home varied, a number having lived at the home for over 12 months. It was not possible to interview some residents due to their mental capacity.

Residents' and Families' Views

Wellbeing

We received range of comments from residents regarding how friendly and helpful staff are such as:

“yes, I get on with staff, with some better than others”

“staff are very helpful and they check on me”.

We observed residents using walking aids to move around and getting support from staff when they need to go to the toilet.

On the day of the visit we observed one resident in the lounge continually moving and banging a small table which appeared to upset a number of other residents who were sitting quietly in the lounge*. The Enter and View representative drew staff's attention to the situation and staff intervened talking calmly to the person and gently removing the table from the resident's grasp.

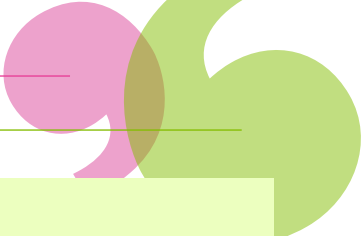
** The Manager's response:*

We have a range of residents who suffer with different levels of dementia, those who do not have dementia and have the capacity to make decisions can move to a different part of the lounge or another room if they are not happy with another resident's behaviour.

The manager informed the Enter and View representatives that the home provides residents/visitors/family members with information on how to report concerns and the complaints policy is displayed in the entrance hall. Complaints are documented and investigated by management, meetings will take place and hopefully complaints resolved.

*We received one negative comment from a resident who said:

“I don't know how to complain, I don't see the manager often and wouldn't know how to see her to complain. I would have to speak to staff, when I complain staff have been annoyed with me and told me I am always complaining. Staff are never wrong always people like me that are wrong”



**The Manager's response:*

This resident is fully aware of who I am, sees me every day, says "good morning" every morning as she passes my office. I dispense and administer medication to all residents on a daily basis, this obviously includes this resident. As the manager I interact very well with all my residents on a daily basis, including daily activities and outings.

When we asked people how happy they felt at the home we receive a variety of comments such as:

"bedroom could be a bit bigger"

"room is very good, very clean and well looked after"

"Perfectly content"

"it's alright"

Care

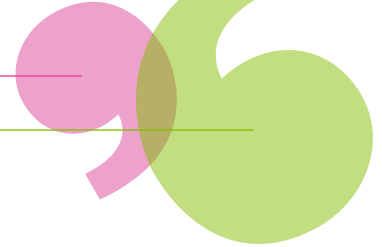
We asked the manager what the home's procedure is to reduce falls and pressure ulcers. We were informed that floor sensor mats are in place in residents' bedrooms, and the mat would alert staff through the nurse call system if residents got out of bed. The home carries out accidents and falls audits, if a resident is having a lot of falls their GP would be informed. The residents' GPs may then refer the person to the 'falls clinic'.

When asked what action is taken to reduce pressure ulcers we were informed by the manager that staff giving personal hygiene care to residents always check pressure areas. If a sore is found this would be reported to the management who would then contact the District Nurse and the resident's GP who would assess to see if the person required pressure relieving equipment and prescribe the necessary treatment.

The manager notified the Enter and View team that care plans are reviewed by management or senior carers on a monthly basis and changed when needed; that regular staff meetings are carried out, any issues or concerns can be identified in these meetings and also on daily staff handovers on shift changes.

We asked how often family and carers reviews take place and we were informed that reviews are carried out yearly or when necessary with residents or their family members. We asked how feedback is obtained from the residents that find it difficult to communicate and we were informed that staff keep questions short and simple and that management approach family members, next of kin and friends of residents for feedback. The manager stated that any issues or concerns are identified and discussed at regular staff meetings.

The Enter and View team were informed that prior to residents being discharged from hospital back to the home, an assessment is carried out by management to evaluate if care needs have changed. If a resident is assessed as requiring a higher level of care that Mayfield can offer, then the hospital social worker and family members are notified of the decision. The manager has no concerns at present regarding the discharge of residents from hospital.



Safety

We were informed by management that all fire escape routes are clearly indicated. These were observed. Regular fire drills are carried out and the fire system is tested weekly by staff. We observed fire extinguishers located around the home. In the event of a fire the manager stated that home has an evacuation plan, all doors are locked but in the event of a fire can be opened instantly by breaking the attached ceramic tube and all staff receive regular fire training. The front door has a key code, only staff know the code to let visitors in and out. Any internal doors that may pose a hazard have key codes that are only accessible by staff.

Bedroom doors are open or closed depending on the choice of the residents. One resident commented that sometimes a resident may wander and try to “get into my room but I can close my bedroom door to prevent this”. *

**The Manager’s response:*

At times residents can wander at night out of their bedrooms and become “lost” which can mean they enter someone else’s bedroom, residents also have the option to lock their bedroom doors.

The manager informed the Enter and View team that residents are checked regularly throughout the night by staff to ensure residents are safe and checking to see if a resident may require the toilet or a drink. All residents have a person centred care plan that details all their requirements for day and night care needs; both management and senior care assistants are ‘on call’ during the night should an emergency arise.

We spoke to six residents to ask how safe they felt, five told us that they felt absolutely safe and that staff are always there to help. One resident said she did not always feel safe but this was unrelated to the security arrangements at the home.

Meals and medication

When we asked about meals, one resident told us that she wasn’t aware of the existence of a menu, another resident told us that there is a good variety and usually a couple of choices and that meals can be eaten in your room, in the lounge or the dining room. On the day of the visit the majority of residents told us that they like the food and were happy with the choice and we received quotes such as:


“very good, wonderful”

“Excellent variety”

One resident commented that: “there was a lot of tinned meat used”.

The Manager’s response:

We use fresh meat that is delivered weekly from our butcher and from Tesco, the only tinned meat we use is corn beef.



When we asked those residents who have medication how their medication was distributed they informed us they receive their medication at meal times from staff and that it was well organised.

Fundamentals

When we asked residents about their bathing rota, one resident said that staff notify her that she will be having a bath on the day, another resident said that baths are usually once a week. One resident who appeared independently mobile quoted:

“I prefer to have a strip wash every week in the privacy of my own room and this is part of my routine and independence. I don’t use the bath as I would need someone there to steady me and I don’t want that”

The residents we spoke to on the day of the visit told us that they were satisfied with the arrangements in place for bathing with many getting help with their bathing.

Residents informed us that they were happy with the system that was in place for laundering their clothes stating that their clothes were washed and returned to them.

For people visiting the home the only restriction on visiting times appeared to be the protected meal times which the home asked visitors to avoid. When we spoke to residents the number of visitors people had varied, some residents had frequent visitors, some hardly any.

Activities

One resident informed us that he is able to go out on his own to the shops or take a bus ride out of Sale and that this gives him a sense of purpose and helps him to retain his independence; he takes his mobile phone with him and staff will contact him if there is a delay in his return to the home and this works very well for him.

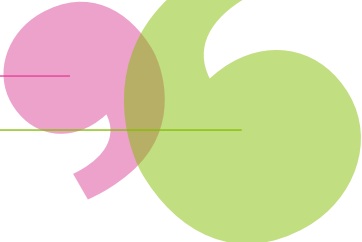
On the day of the visit the Enter and View team didn’t observe any activities taking place. We were informed by one resident that the home has a number of activities such as bingo and dominoes but he wasn’t sure how many people would be able to access them and added that many residents like to sit quietly and or watch TV. Two other residents also stated that many residents would not be able to participate in activities.

One resident who is able to go out independently said the home has outside entertainers who attend the home on a monthly and fortnightly basis. He particularly likes the music sessions and he makes sure that he is at the home on the day it takes place. Other comments from residents regarding the provision of activities were:

“I don’t think they can do better” (regarding the provision of activities)

When we asked residents what they thought was good about their home at Mayfield the majority of the comments were positive such as:

“the manager is great and there is good management structure in place and this works well as the home is well run”



“I am content”

When asked what if anything they would change we told:

“I miss that first cup of tea at 7.30am”

The resident told us that she would love a cup of tea early in her room*, before coming down for breakfast. We asked if she had a kettle in her room, she said yes, and tea but seems she can't or doesn't want to make it herself.

**The Manager's response:*

Drinks are made all day and night for residents whenever they would like one, breakfast is served at whatever time the resident would like, usually breakfast commences from 7.30am - 10.30am, we also have no residents that have their own kettle in their rooms.

Request for further information from provider:

1. How do residents complain to the manager?

The Manager's response:

Residents are given a Service User guide, which details how to make a complaint, residents also approach myself or they will approach care staff who will then relay back to myself, I then go and meet with the resident to discuss any matters and try to resolve their complaint.

2. Does this home provide the information for residents in a 'welcome' pack on arrival?

The Managers response:

We provide a Service User guide which details all information on Mayfield.



Appendix - 1 Predefined Questions whilst on visit

Predefined Questions Whilst on Visit

- Wellbeing - How would you describe your care home and the way you are looked after?
- Safety - How happy and safe do you feel?
- Time structure - How do you feel about your meals?
- Do you have medication and how is it distributed?
- Care - do you feel the staff are caring toward you and treat you with dignity
- Fundamentals - for example, are you able to bathe when you want, can you have visitors when you want them?
- Inclusion - how do you spend your day and what activities can you access?

Appendix - 2 Questions answered by the Manager prior to visit

Questions answered by the Manager of Mayfield Care Home prior to the Enter and View visit

Date and Time: 5/9/16 10.00am completed by Nadia Carney - Manager

Questions for Management	Response
<p>0.1. Night time staff cover:</p> <p><i>How do they deal with residents who need the toilet during this period?</i></p> <p><i>What happens if someone is taken ill and a member of staff has to attend for any length of time?</i></p>	<p>Residents are checked regularly throughout the night by night staff to check if they require the toilet, drinks etc., all residents have a person centred care plan that detail all their requirements for day and night care needs.</p> <p>If a resident is taken ill throughout the night, staff will carry out more frequent checks on the resident and give all care necessary. In the case of severe emergencies Management and Senior Care Assistants are “on call”.</p>
<p>0.2 Infection control</p> <p><i>How is this maintained i.e. with visitors and amongst staff</i></p>	<p>All staff receive regular Infection Control training from the Infection Control Matron from Pennine Trust, he also inspects the home yearly to ensure that staff are maintaining to keep the home free from infections and cross contamination. Staff wear PPE'S¹ at all times when dealing with residents' personal hygiene needs, laundry, housekeeping and kitchen. Alcohol hand gel is placed at the front door for visitors that enter the home, it is also placed around the home for staff to access, and all residents' bedrooms, bathrooms, kitchen and corridors have hand wash facilities for staff to access to prevent cross contamination. Management carry out daily and weekly infection control audits to ensure all staff are following policies and procedures for infection control and that documentation for cleaning schedules are being completed.</p>
<p>0.3 Are security and fire procedures evident?</p> <p><i>Are escape routes clearly indicated?</i></p>	<p>Throughout the home all fire escape routes are clearly indicated for all to see, regular fire drills are carried out and the fire system is tested weekly by staff, the fire system is also serviced by the fire contractor's firm, we have fire extinguishers located around the home, we have</p>

¹ Personal Protective Equipment



Questions for Management	Response
	<p>an evacuation plan in the event of a fire, staff receive regular fire training. All fire doors are locked but in the event of a fire can be opened instantly by breaking the ceramic tube. The front door is on a key code, only staff know the code and let visitors in and out. Any internal doors that may pose a hazard have key codes on them for staff to access.</p>
<p>0.4 What actions does the home take to reduce falls/pressure ulcers?</p>	<p>All residents are checked regularly day and night to ensure they are safe, floor sensor mats are placed in resident's bedrooms, and the mat would alert staff through the nurse call system if residents had got out of bed. If a resident was having many falls, their GP would be contacted, their GP may then refer them to the Falls Clinic. Management carry out Accidents/Falls Audits which high lights if a resident is having lots of falls, their GP would then be informed.</p> <p>When staff are giving personal hygiene care to residents pressure areas are always checked, if a sore is found this would be reported to management who would then contact the District Nurses/GP if necessary to come and visit the resident. The district nurse would assess if the resident would require pressure relieving equipment and prescribe any creams etc.</p>
<p>0.5 If visitors and family have concerns how do they feedback to Management</p> <p><i>What is the home's procedure for gathering residents /family and carers concerns or comments and what is the homes following procedure?</i></p>	<p>The home provides residents/ visitors/family members with information on how to report concerns, the complaints policy is also displayed in the entrance hall. Complaints are documented and investigated by management and if necessary by the nominated person. Meetings will take place and hopefully resolved.</p>
<p>0.6 How often do you carry out a family and carers review?</p>	<p>Reviews are carried out yearly or when necessary with residents or their family members. Care plans are reviewed by management or senior carers on a monthly basis and changed when needed. Staff receive regular supervisions and yearly appraisals, regular staff meetings are carried out, any issues/concerns can be identified in these meetings and also on daily staff handovers on shift changes.</p>

Questions for Management	Response
<p>0.7 Discharge from hospitals</p> <p><i>What happens if management consider residents not able to return to home.</i></p> <p><i>Does the home have any concerns around discharge of their residents from hospital settings?</i></p>	<p>If a residents care needs have changed whilst they have been in hospital, an assessment is carried out by management, if a resident is assessed as requiring a higher level of care than we can offer, their hospital social worker and family members are notified of the decision.</p> <p>I have no concerns at present regarding the discharge of residents from hospital.</p>
<p>0.8 How many residents would have the capacity to answer our questions?</p>	<p>Approximately 6-10 residents would be able to answer questions, however this may change on the day, and they may need questions repeated to them.</p>
<p>0.9 How do you get feedback from your residents that find it difficult to communicate?</p>	<p>We keep questions short and simple, we speak to family members, NOK's, friends for feedback.</p>

Distribution

This report will be sent to the following organisations :

The Care Quality Commission (CQC)

Trafford Council

Healthwatch England

Trafford Health Scrutiny Committee

It will also be published online on the Healthwatch Trafford website

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