

# Mayfield House







## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Overall summary

We rated Mayfield House as good because:

- The environment at Mayfield House was welcoming and homely. It was clean and well-presented and there was evidence that cleaning was undertaken regularly. Though there were ligature points identified around the unit there was justification for these and they had been mitigated with assessments and working practice. Staffing levels were in line with organisational policy and use of bank and agency staff was rare.
- Staff were aware of what assessments needed to be undertaken upon admission and during the patients stay at the unit. These were clear and easily accessible. Care plans were personalised and recovery focussed and staff understood the guidance that underpinned the delivery of care.
- We observed staff and patient interactions and staff appeared to have good knowledge of the patient group. They were able to engage them and discuss their care. They also had knowledge of the individuals and could speak about their likes and dislikes and the best way to engage patients. Patients spoke highly of the staff and organisation.
- The unit had several rooms in which staff could deliver sessions. These included a lounge area and a fully fitted kitchen. Though patients were encouraged to undertake visits from friends and relatives in a community setting, there were rooms available for visits if required. Key performance indicators were being used to monitor quality and the unit was above organisational targets.
- All staff had undergone an annual appraisal and there was regular supervision available. Staff had undertaken specialist training to enable them to take bloods and administer medication. Managers were visible in the unit and staff recognised the senior management for the organisation.

# Summary of findings

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Good 

# Location name here

## Services we looked at

Long stay/rehabilitation mental health wards for working-age adults;

# Summary of this inspection

## Background to Mayfield House

Mayfield House is a six bedded rehabilitation unit for patients that are recovering from mental illness. It is owned and operated by the Priory Group and forms part of a rehabilitation pathway with another four-bedded unit that has been developed to provide step down facilities to patients at their 18-bedded hospital. It is a unit specifically for women between the age of 18 and 65. The unit has been open since 2014. It was inspected in December 2016 and was rated good overall at that time

The unit provides community based rehabilitation and promotes independent living. The building is a large house with seven bedrooms, two lounge areas and a kitchen and dining area. There is also a small room set aside as a nursing office. One of the bedrooms was being converted into a staff lounge at the time of our inspection. It had previously been a staff bedroom used for staff that were sleeping in but that practice had

recently stopped due to adjustments in staffing levels on nights. The only room that is locked is the nursing office and patients have keys to their own bedrooms, which they can lock if required.

The unit has an open front door and patients are encouraged to come and go whenever they want. The door is locked at night for security reasons.

There is a registered manager shared between Mayfield House and their sister unit. The registered manager is the only qualified nurse and is solely responsible for monitoring medication. The two services also share a psychiatrist and a psychologist who develop treatment and care plans and have regular input into the day-to-day care of the patient group. All other staff members are health care support workers who have undergone training to allow them to administer medication and take bloods.

## Our inspection team

Team leader: Matt Brute

The team that inspected the service comprised two CQC inspectors

## Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme. The inspection was unannounced.

This service was last inspected in December 2016. At that time, we found breaches in regulations relating to the safe storage of patient information. This had been resolved at the time of this inspection.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

‘Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited the unit, looked at the quality of the environment and observed how staff were caring for patients;
- spoke with four patients who were using the service;
- spoke with the registered manager

# Summary of this inspection

- spoke with two other staff members, both support workers
- Looked at four care and treatment records of patients:
- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service

## What people who use the service say

Patients spoke highly of the support and care they received. They stated that they felt that staff treated them with dignity and respect. They also stated that they felt

that the service was helping them achieve independence where this had not been possible previously and was helping them achieve their goal of a return to the community.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- There were ligature points around the building. These had been risk assessed and as it was set up to represent normal community living anti ligature measures had not been judged as not being required. Staff mitigated this through risk assessment and had strategies in place for managing the risks based on the needs of individual patients.
- Staffing levels at the service were in line with organisational policy and the manager was able to adjust this as required. Bank or agency staff were rarely used. Only staff who knew the unit were used to ensure continuity of care for patients.
- Staff demonstrated good knowledge of safeguarding and had received training in this. They understood how to report concerns and felt confident to do so.
- Mayfield House reported no serious incidents in the twelve months prior to our inspection. Staff were skilled in managing issues through de-escalation. Managers investigated incidents and gave feedback to staff and patients. The psychologist was available to debrief staff if a serious incident occurred.

Good



### Are services effective?

We rated effective as good because

- Staff were aware of what assessments to undertake with patients at admission and during their stay. Assessments were completed in a timely manner and were detailed, comprehensive, and person centred. Physical examinations took place and staff provided ongoing support to patients with physical health issues.
- Staff followed guidance set out by the National Institute for Health and Care Excellence (NICE). Healthcare assistants received additional training so that they could administer medication using the guidance.
- All staff participated in multidisciplinary meetings, this included health care support workers. Staff told us that they felt able to contribute to this process and were listened to. Other agencies were involved as and when required to ensure the patients received a wide range of opportunities in the community.
- Staff demonstrated good knowledge of the Mental Health Act and Mental Capacity Act and understood how this related to the patients in their care. Regular audits took place and paperwork relating to both acts was stored appropriately.

Good



# Summary of this inspection

## Are services caring?

Good



We rated caring as good because:

- Staff treated patients with dignity and respect. They had developed relationships built on trust and showed an understanding of the individual needs of patients.
- Patients spoke highly of the staff and the support provided. They felt included in their care plans and there was evidence that plans had been created in collaboration with individual patients..

Patients had access to advocacy on a weekly basis and staff encouraged them to use this independent support. We interviewed the advocate that visited the unit weekly and they were complimentary of the service

## Are services responsive?

Good



We rated responsive as good because:

- The unit had several rooms available so that they could offer a range of activities. Patients could see visitors in private in the lounge area and they had access to outside space whenever they needed it. Patients had personalised their own rooms and could lock the door to keep personal possessions safe.
- Patients had access to information on noticeboards and could request this in other languages if required. The Priory Group provided interpreters for patients who needed this service. This included signers for the deaf.

Mayfield House had not received any complaints in the 12 months prior to the inspection. Patients stated they knew how to complain and felt able to do this. Staff said they would support patients if necessary and knew how to manage complaints appropriately.

## Are services well-led?

Good



We rated well-led as good because:

- Staff worked in line with the organisations vision and values and showed this in the support they provided to patients.
- Managers had set key performance indicators to ensure the service was developing and hitting key targets. This information was used for monitoring quality and performance.

Staff stated that they enjoyed their work and spoke highly of the support that managers provided. They received regular supervision and had an annual appraisal. Managers ensured that training had taken place and was appropriate to the needs of the staff. Staff stated they had the opportunity for personal and professional development. We were given examples of staff receiving extra roll training to enable them to undertake specific tasks such as health and safety risk assessments for example.



# Detailed findings from this inspection

## Mental Health Act responsibilities

One patient had restrictions placed upon them relating to sections of the Mental Health Act. All paperwork relating to this was in place, correct and stored securely.

All required paperwork was attached to medication charts and had been filled correctly. The unit had an open door policy and informal patients could come and go, as they needed to.

Mental Health Act training was part of the mandatory calendar and all the staff that we spoke to had completed this. They had a good knowledge of the Mental Health Act and its guiding principles.

## Mental Capacity Act and Deprivation of Liberty Safeguards

All patients at Mayfield House had had their capacity considered in the admission documentation contained in the care records.

Staff stated that capacity was monitored and reviewed at multi-disciplinary team meetings. Due to the nature of the unit, if any patients health deteriorated to the point

where by they were judged to have a lack of capacity they would be transferred to another unit. There were protocols in place to ensure this was done in the patient's best interests.

Mayfield House had not needed to use the Deprivation of Liberty Safeguards. We were told by qualified members of the team that if this was required they were trained and would be able to make an application.






## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Long stay/rehabilitation mental health wards for working age adults

Good 

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

## Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

### Safe and clean environment

- The unit was in a house in a residential area. Staff could not observe all areas of the building but as this was a stepdown unit, which was set up to support patients into independent living this was not necessary. Mayfield House had ligature points in all areas but patients had to be low risk and moving towards living in the community to access the service. Patients had individual risk assessments in place, which included the management of ligature risks. Mayfield House had not had any incidents relating to tying ligatures.
- The unit was for females only. As such, they complied with guidance on same sex accommodation.
- Mayfield House had a small nursing office. Staff used this to undertake some clinical procedures. Staff supported patients to register with a local G.P. Clinical equipment was stored appropriately and checked regularly. Staff used a locked cupboard to store medication and the temperature of the room was monitored on a daily basis. The emergency bag was stored in the office. This was checked regularly and staff had signed and dated all paperwork.
- Mayfield House does not use seclusion and did not have a seclusion room.

- Staff adhered to good infection control principles. Hand sanitiser and handwashing posters were available around the unit.
- Equipment was well maintained and clean. Staff had undertaken safety checks on all items that required it and there were in date stickers in place to evidence this.
- Though there were no cleaning records available, the environment was clean and well presented.
- Staff and managers carried out environmental risks assessments on a regular basis. These were in date and reviewed regularly.
- Mayfield House did not have an alarm system but this was not required due to the type of service being offered. As the building was small, if a patient required assistance staff could be called verbally from the office.

### Safe staffing

- Mayfield House had staffing levels of two healthcare assistants throughout the day and two health care assistants throughout the night. A qualified nurse/unit manager visited the unit every day and the psychologist visited throughout the week.
- The manager stated that all shifts were covered and the rotas confirmed this. Mayfield House rarely used bank and agency staff but when they did, they were staff who knew the unit or worked for the Priory Group in other locations.
- The manager could adjust the staff mix as caseload required but this was rare.
- Patients and staff confirmed that one to one time was never cancelled and patients could speak to a staff member whenever they needed to.
- Patients had full access to the community and there was no requirement for them to have escorted leave as this was part of their recovery programme.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients could access medical cover through local trust facilities. In non-urgent cases, medical cover was provided through local G.P. practices. In an emergency staff would dial 999 for the emergency services.
- Staff had received mandatory training. Staff training at the time of our inspection was at 98% compliance.

## Assessing and managing risk to patients and staff

- Mayfield House did not use seclusion or long-term segregation.
- Staff had not used restraint in the 12 months prior to the inspection. Patients displaying physically aggressive or threatening behaviour would be transferred to a safer environment.
- We reviewed four sets of care records. Staff undertook a risk assessment prior to admission, which continued through the admission process. These were updated regularly.
- Staff used the short-term assessment of risk and treatability (START) upon admission and introduced the recovery star as treatment continued.
- The unit did not have blanket restrictions. As patients accessed the community freely, there were few restrictions in place. Where they were in place, there was a clear rationale and this was documented in the patient's records.
- The unit had an open front door, which meant that patients could leave at will. Five of the patients at Mayfield House were informal and one was detained under section of the Mental Health Act.
- Mayfield House used the Priory Group policies for the use of observations, which included mitigation of ligature risks and searching patients.
- Restraint, rapid tranquilisation and seclusion were not used at Mayfield House.
- Staff received training in safeguarding level two as part of their mandatory training. Staff we spoke with had good knowledge of how to make a safeguarding report and when one would be required. They all stated that they felt confident that they could make a report if required.
- Mayfield House used good medicines management protocols. The qualified nurse carried out regular audits as staff that are not registered nurses were dispensing medication. All staff that dispensed medication had undertaken specialist training that ensured they had the knowledge required to undertake this task.

- Any visits with children took place off the unit in the community.

## Track record on safety

- The manager reported there had been no serious incidents recorded in the twelve months prior to our inspection.
- Because of incident reporting there had been improvements in processes and environment. This included training for staff.

## Reporting incidents and learning from when things go wrong

- Staff knew what to report and how to report it. They stated that they felt confident they knew how to report incidents and would feel comfortable making a report.
- We did not see any examples of duty of candour during our inspection. There had been no incidents when this would have been required. Staff stated they would be honest and open in explaining to patients when something had gone wrong if that was what was required.
- Staff received feedback because of investigations. The manager did this through team meetings and supervision and as the team was small this could be done on a daily basis if necessary.
- The psychologist would lead debriefs for both patients and staff after a serious incident.

## Are long stay/rehabilitation mental health wards for working-age adults effective?

(for example, treatment is effective)

Good 

## Assessment of needs and planning of care

- We checked four sets of care records. All contained comprehensive assessments of patients care. They started at the point of admission and were updated regularly.
- Staff had undertaken physical examinations for all patients and where appropriate continuing physical health monitoring plans were in place.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Care plans were individualised and person centred. Staff had developed them in consultation with the patient and they were recovery orientated.
- Mayfield House used a fully computerised system for storing care records and staff had their own log in details for using this.

## Best practice in treatment and care

- We examined four sets of care records and medication cards for all patients. We did not find any errors or examples of bad practice.
- Staff followed guidance laid out by the National Institute for Health and Care Excellence (NICE) when administering prescribed medication. The Priory Group ensured health care assistants were trained to administer medication. This was overseen and audited regularly by a qualified nurse.
- Patients had regular access to a psychologist who offered a number of psychological therapies including cognitive behavioural therapy (CBT). This was in line with National Institute for Health and Care Excellence guidance.
- Patients had access to physical healthcare, including specialists, through their GP practice. There was evidence in patient's records that this was considered in all cases and patients were supported to access appropriate care.
- Patients were at a point in their recovery where they managed their own nutritional requirements. This was monitored by staff.
- Staff used recognised rating scales such as the recovery star to assess severity and outcomes for patients.
- Managers expected all staff to be involved in clinical audits. For example all staff were expected to take part in medication audits.

## Skilled staff to deliver care

- Mayfield House employed a limited number of mental health disciplines however, patients had access to a full range of disciplines from across other units in the organisation.
- Staff working at Mayfield House were experienced and qualified to undertake their role. Healthcare assistants had completed specialist training in phlebotomy and administration of medications, which enabled them to undertake roles normally outside of their remit.

- All staff had received an appropriate induction and had undertaken a national vocational qualification (NVQ) equivalent to the care certificate.
- Staff supervision and appraisal rates were above organisational targets with supervision rates at 100% and appraisal rates at 100%. The unit held regular staff meetings.
- The manager stated there had been no issues of poor staff performance at the time of our inspection.

## Multi-disciplinary and inter-agency team work

- Staff attended multi-disciplinary meetings weekly. These included a range of staff involved in the delivery of care and, if appropriate, staff and carers from outside of the organisation.
- Staff held handovers at the start of each shift so that relevant patient information could be discussed.
- Staff had developed close working links developed with other units in the organisation. This was enhanced by the fact that the unit manager at Mayfield House was also responsible for two other units.
- The manager and staff had developed high levels of partnership working with teams outside of the organisation. This included community mental health teams within the NHS, G.P. services and local authority social work teams who had been included in the development of care for patients.

## Adherence to the MHA and the MHA Code of Practice

- Ninety eight percent of staff were up to date with training in the Mental Health Act.
- Staff we spoke to had a good knowledge of the Mental Health Act, the code of practice and its guiding principles.
- One patient at Mayfield House was subject to restrictions relating to the Mental Health Act. For this patient consent to treatment forms (T2) were attached to medication charts. Paperwork showed that capacity of the patient had been considered.
- Staff supported patients to understand their rights under the Mental Health Act and discussed this with them on a regular basis.
- The Priory Group provided administrative support relating to the Mental Health Act to staff at Mayfield House. They completed regular audits of the paperwork to ensure compliance.

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients had access to independent mental health advocacy services. This was provided by an external organisation who used the same member of staff for all visits to ensure consistency.

## Good practice in applying the MCA

- Ninety eight percent of staff were up to date with training in the Mental Capacity Act
- The unit had made no Deprivation of Liberty Safeguards applications in the six months prior to our inspection.
- Staff we spoke to had good knowledge of the Mental Capacity Act and its five statutory principles.
- The Priory Group provided a policy relating to the Mental Capacity Act. Staff could access this electronically.
- Staff had considered the issue of capacity for all patients. At the time of our inspection, there were no patients at the unit who had any capacity requirements.
- Staff we spoke to understood the Mental Capacity Act definition of restraint.
- The manager provided advice or guidance regarding the Mental Capacity Act and Deprivation of Liberty Safeguards and wider support was available through the Priory Group.
- No Deprivation of Liberty Safeguards applications were in place at the time of our inspection.

the care and support they needed. They spoke in detail about the most positive ways of engaging patients including likes, dislikes and activities that each patient enjoyed.

## The involvement of people in the care they receive

- Staff fully orientated new patients to the unit following the Mayfield House admissions process. This included identifying staff members who were best positioned to offer support. Patients could visit prior to admission to become familiar with the unit.
- All patients had been actively involved in their care planning and risk assessments. Staff promoted independence for patients at all times.
- Patients could access advocacy, as they needed it. The advocate provided by an independent service visited weekly or at the request of patients.
- Carers and family members had been involved in care planning and discharge planning meetings when appropriate and with consent from the patient.
- Patients were able to give feedback about the service on an individual basis or at the community meetings.
- We did not find any evidence of patient involvement in service development.
- Patients did have advanced decisions in place. These related to managing deterioration in mental health.

## Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

## Kindness, dignity, respect and support

- We observed staff working with patients throughout the inspection. Staff treated patients with dignity and respect. They were responsive to patients needs and had developed good knowledge of individual patients.
- We spoke to four patients who were all positive about the staff and the care they received. They stated they felt staff treated them well and were professional and approachable.
- Staff spoke in detail about the individual needs of the patients. This included cultural wishes and beliefs. They knew the history of each patient and how this affected

## Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

## Access and discharge

- Mayfield House had an average bed occupancy of 100% during the six months prior to the inspection. Most patients had been referred from other hospitals within the Priory Group.
- As Mayfield House was a privately run unit it did not have a catchment area. This meant there were no out of area placements. The beds were individually commissioned so availability was dependant on need.
- Patients always had access to a bed on return from their leave. Staff did not reallocate beds until a patient was discharged

# Long stay/rehabilitation mental health wards for working age adults

Good 

- Discharges only took place between the hours of nine and five Monday to Friday or at a time to suit the patient.

## The facilities promote recovery, comfort, dignity and confidentiality

- Mayfield House had a small number of rooms available for activities including a lounge however, most activities took place off site in the community to promote independence.
- Patients could meet visitors at the unit but staff encouraged them to use the community as part of their recovery.
- Patients had access to their own mobile phones and there were no restrictions placed upon them about their use. This meant that patients could use their phones in the privacy of their own bedrooms.
- Patients could access a well-tended garden with seating area whenever they wanted.
- Patients had access to hot drinks and snacks 24/7 and had the use of a kitchen so that they catered for themselves at meal times with support from staff.
- Patients could personalise their bedrooms and we saw that they had done this.
- Patients could lock their own bedroom doors and could store small valuable items in a safe in the nursing office if required.

## Meeting the needs of all people who use the service

- Mayfield House had made adjustments for people requiring disabled access. A bedroom and shower had been created downstairs for a patient that had mobility issues. The unit had also been fitted with rails and access aids.
- Information leaflets we saw were printed in English however staff stated that they could be made available in other languages if required.
- The unit had a number of noticeboards with information related to local services, patients' rights, complaint procedures and treatment options.
- The Priory Group had a contract with an agency that could provide interpreters. This included signers.
- Patients catered for themselves. There were no restrictions on what food they could prepare although staff supported them to think about healthy eating.
- Patients could access spiritual support, if required, in the local community.

## Listening to and learning from concerns and complaints

- There had been no complaints made in the 12 months prior to our inspection.
- Patients informed us that they knew how to make a complaint and would feel comfortable to do so if they needed to. They felt they would speak to staff or the manager if they needed to raise any issues.
- Staff knew how to support patients with complaints. The information they gave us was in line with organisational policy.

## Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

## Vision and values

- Staff were aware of the organisations visions and values which included striving for excellence and acting with integrity and agreed with them.
- Managers ensured team objectives were in line with the organisations visions and values.
- Staff knew who their most senior managers were and stated that they had visited the unit regularly. Staff said they were approachable and open to ideas from staff and patients.

## Good governance

- Staff had received mandatory training. This was at 89% compliance at the time of the inspection, which was above the organisations target. The shortfall had occurred because of staff maternity leave.
- Staff received regular supervision and an annual appraisal. Appraisal rates at the time of our inspection were 96% and supervision rates were 92%. This was above the organisations targets.
- All shifts were covered by the correct amount of staff of the correct grades and experience and we could see this was the case when we looked at the rotas.



# Long stay/rehabilitation mental health wards for working age adults

Good 

- Staff participated in clinical audits. The staff group was small so staff were involved in a number of audits and quality monitoring processes.
- Mayfield House followed correct policies and procedures for incident reporting, safeguarding, Mental Health Act and Mental Capacity Act procedures. We found no errors in recording.
- Managers used key performance indicators to monitor quality and performance. These were presented in an accessible format that the staff understood. Information from this was fed back to staff and had informed improvements.
- The ward manager had sufficient authority and administrative support to undertake their role.

## Leadership, morale and staff engagement

- Mayfield House had a 2% sickness rate over the twelve months prior to our inspection.
- Managers stated there had been no bullying or harassment cases in the 12 months prior to the inspection.
- Staff we interviewed were aware of the whistle blowing process and would be confident to use it if the needed to.
- Staff stated that they felt able to raise concerns without fear of victimisation and would feel confident that managers would listen to them.

- All staff we spoke to stated that they felt proud of the work they do and that they were satisfied and happy in their role.
- The Priory Group made sure staff had opportunities for leadership and personal development. Staff had undertaken training relevant to their role and they were encouraged to consider their personal development through the appraisal process.
- Staff supported one another through the development of projects and service developments. They stated they worked well together and supported each other and we saw this in the way they interacted with each other during the inspection.
- Staff understood the duty of candour and stated they would be honest and open in feeding back to patients if things went wrong.
- Staff were able to give feedback through team meetings and one to ones and input into service development.

## Commitment to quality improvement and innovation

- We did not find any evidence of involvement in any national quality improvement programmes.

We did not find any examples of innovative working practice or involvement in research.