

The Mayfield Trust

Mayfield House

Inspection report

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10 May 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 27 April and 10 May 2018 and was unannounced. At the time of our inspection there were eight people using the service.

Mayfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider had recognised that the service provided was not in line with the values that underpin the 'Registering the Right Support' and other best practice guidance and had plans in place to develop a supported living service for the people living at the home to move to which would support these values. The values of 'Registering the Right Support' include choice, promotion of independence and inclusion to make sure people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager but they were not available at the time of the inspection. 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.

At the last inspection on 10 February 2016 we rated the service as 'Good' and there were no regulatory breaches.

Prior to this inspection we were informed of changes in relation to the provider's senior personnel and that an initial audit carried out by the new operations manager had identified issues of concern. We brought this inspection forward as a result of this information.

We found appropriate and timely action had been taken to make sure the environment was safe.

People told us they felt safe and staff understood their responsibilities in relation to protecting people from abuse.

Risk assessments and behaviour protocols were in place but were in need of effective review.

Medicines were managed safely and infection control systems were in place to keep people safe.

Staff recruitment procedures ensured staff were suitable to work in the care service. Staffing levels were sufficient and flexible to meet people's needs.

The training matrix showed gaps in some staff's training which meant not all staff had received the training

they needed to support them in their roles. Not all staff felt they received effective support.

People accessed healthcare services as required. However we found the advice of healthcare professionals was not always incorporated into care plans or followed.

Although we observed people were offered choice, care plans did not support the ethos of supporting people to have maximum choice and control of their lives.

We recommended consent issues be reviewed to make sure the service is working within the principles of the MCA.

People told us they enjoyed the meals at the home and we saw they were involved in developing menus.

We saw staff were caring in their approach and had developed positive relationships with people and clearly knew them very well.

Care plans did not reflect any involvement of the person concerned and did not always reflect a caring or positive approach, with some appearing judgemental rather than demonstrating how caring practice was embedded and promoted within the service.

We saw staff supported people well with personal care but found people's dignity needs were not always fully considered.

Improvements were needed to demonstrate a person centred approach to care planning.

People were involved in a wide range of activities but we did not see evidence of people's choices with regard to activities being reviewed. People were supported to choose and enjoy an annual holiday.

Systems for auditing were not robust and although issues with governance had been identified, this had been as a result of changes of personnel and not through continuous monitoring of the quality and safety of the service.

We identified three breaches of regulation. These were in relation to safe care and treatment, staff training and support and good governance. You can see what action we have told the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Appropriate and timely action had been taken to make sure the environment was safe. Medicines were managed safely and infection control was managed well.

People told us they felt safe and staff knew what to do if they thought people were at risk.

Risk assessments and behaviour protocols were in place but these were not always appropriate and were in need of review.

Requires Improvement



Is the service effective?

The service was not consistently effective.

People were supported by healthcare professionals but their advice was not always followed.

People were supported by staff to make choices but care records did not support the ethos of people having maximum choice and control over their lives.

Not all staff received the training and support they needed to support them in their roles.

Requires Improvement



Is the service caring?

The service was not consistently caring

Staff demonstrated a caring and supportive approach.

Care records did not always demonstrate a caring approach or evidence how people's independence was promoted.

Improvements were needed to make sure people's dignity needs were met.

Requires Improvement



Is the service responsive?

The service was not consistently responsive

Requires Improvement



Care records did not always demonstrate a person centred approach and people were not fully involved in the development or review of their care plans.

People accessed a wide range of activities but there was no evidence of their choice of activities being reviewed.

Systems were in place for people to raise concerns.

Is the service well-led?

The service was not consistently well led

Issues with governance of the service had been identified as a result of changes of management personnel and not through continuous monitoring of the quality and safety of the service. Issues were being addressed.

Requires Improvement 

Mayfield House

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.

The inspection was brought forward due to CQC being informed, by notification, of concerns identified by the provider relating to the safety of the external environment, failure to store confidential records safely and securely and a lack of effective auditing. The concerns had been reported by the provider, to the local authority safeguarding team.

On inspection we found the risks had been addressed and a full investigation of failures was being conducted by the provider.

This inspection took place on 27 April and 10 May 2018 and was unannounced. On the first day the inspection was carried out by an inspector and an assistant inspector. One inspector attended on the second day.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

During our visit to the service we spoke with four support staff, the new operations manager and a manager from another of the providers' services. The registered manager was not at the service at the time of our inspection. We looked at three people's care records, two staff recruitment files, training records and other records relating to the day to day running of the service.

Is the service safe?

Our findings

Prior to this inspection we received information from a senior manager within the company about concerns they had identified during an audit relating to the safety of the external environment. The audit had identified a number of environmental issues which could have put people at risk. This inspection was carried out a few days after we received this information. We found appropriate and timely action had been taken to ensure the safety of the environment and of people living at the home and staff.

The issues had been appropriately reported to the local authority safeguarding team.

Safeguarding policies and procedures were in place. Staff we spoke with were aware of these policies and knew what to do if they thought something was happening that was not in a person's best interests. Staff were able to tell us about different forms of abuse and told us they would not hesitate to report any concerns.

People we spoke with told us they felt safe. One person said "Yes, I do. I would talk to someone (name) my key worker." Another person said "Safe? Yes I feel safe, that's what they (staff) are here for."

Risk assessments were included within care files. However, we did not see evidence of these being effectively reviewed with just a list of review dates but no detail of how the findings of the review. For example, one person's falls risk assessment which had been in place for six years had a list of annual reviews but had not been changed to reflect the involvement of the falls team.

We saw one person had a behaviour protocol in place for 'Assaulting Staff'. This protocol had been in place for almost three years following an incident when the person involved had been refused more to eat. The protocol advised staff their immediate response if feeling threatened by the person was to 'shout 'help' as loud as you can'. The protocol did not include any information about possible triggers for the behaviour or any detail about techniques to use to try to diffuse the situation, or what staff should do if the behaviour continued. Reviews of the behaviour protocol were a list of dates with no record of any repeat of the incident.

We looked at the systems in place for the receipt, storage, administration and return of medicines and found these were managed safely. We saw medicines being administered with a person centred and patient approach. One person administered their own medicines and a risk assessment was in place for this. For medicines administered on an 'as required' (PRN) basis, a protocol was in place which detailed what the medicine was for, when it should be used, and whether it had been effective. We checked a random sample of medicines and found the amounts available reconciled with the amounts recorded as received and administered.

We looked at records of administration of topical medicines (creams and lotions) for two people. One record indicated the medicine had been administered as prescribed but another, prescribed to be applied three times each day, had only been recorded as applied three times in an eighteen day period.

We saw audits of medicines were completed monthly.

We saw accidents and incidents were recorded and monitored to look for any possible themes or trends. Staff told us, and we saw from minutes, that accidents and incidents were discussed at staff meetings to see if any lessons could be learned.

Staff told us they thought there were times when it would be beneficial to people to have more staff, but did not feel that this meant people did not receive the support they needed. We saw staffing was flexible to meet people's needs, particularly supporting people in their social activities.

We looked at two staff recruitment files and saw procedures had been followed to make sure staff were suitable to work in the care setting. Recruitment files included evidence of criminal record (DBS) checks, references, and interview notes.

Infection control systems were in place to keep people safe. Staff had access to and used personal protective equipment such as gloves and aprons as needed. We saw a recent report from the local infection prevention and control team following an outbreak of diarrhoea and vomiting which praised of the 'positive impact they have in controlling outbreaks when they take the right actions at the right times'.

The accommodation was well maintained and comfortably furnished. Regular health and safety checks were undertaken on the premises and equipment, and maintenance certificates and safety checks were up to date. Personal emergency evacuation plans (PEEPs) were in place clearly outlining the individual support each person required to vacate the building in an emergency.

Is the service effective?

Our findings

Care records we reviewed and our discussions with staff showed people were supported to access healthcare services such as the GP, district nurse, optician, chiropodist, and speech and language therapists.

However, we saw one person had been seen by a speech and language therapist (SALT) who gave specific and detailed advice about what foods should be avoided and how food and drink should be served to this person to maintain their health and safety. We saw this information had not been clearly incorporated into the person's care plan and saw staff had not followed SALT advice and the person had been served with foods identified by SALT as unsuitable as they could put the person at risk of choking.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment)

The operations manager and manager from another of the provider's services immediately commenced an investigation into this issue and referred the matter to safeguarding.

People had 'Hospital passports' in place which included important information for hospital staff when people needed to visit or stay in hospital.

Staff told us they followed a period of induction following their appointment. However, one person's induction record indicated they had covered large numbers of areas of learning over a three day period. We spoke with a manager from another of the provider's services and the operations manager about this and they confirmed this was not an effective method of induction. They told us the induction should take place over a number of weeks. They told us that new staff with no experience of care would also follow the care certificate programme which is a set of standards for to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care.

Staff told us they received plenty of training to support them in their work and we saw from the training matrix that a wide range of training was undertaken on annual, three yearly or once only basis. However, the training matrix showed gaps in some staff's training. For example, not all staff had received training in areas including fire safety, safeguarding, deprivation of liberty and mental capacity act and person centred support. We noted also from the training matrix that training in areas including mental health awareness had been marked as 'N/A' (Not applicable) for a number of staff. As some of the subjects marked as 'N/A' were relevant to the needs of people living at the home we would consider this to be relevant to all staff.

Staff told us, and we saw in personnel files, they had twelve weekly supervision contracts in place. Staff confirmed they did receive supervision as per the contract but some felt it was not effective or supportive.

This was a breach of the Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing support and training)

At the time of the inspection the service was not accepting new people. This was due to a plan to develop a new supported living service in the grounds of the existing care home into which the people living at the home would move. Careful assessment of people's needs, with input from the local authority, had taken place to make sure people were suitable to move from the care home environment to supported living.

The Mental Capacity Act 2005 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 so that they can 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.

Staff we spoke with were all aware that one person's DoLS had expired. We saw an application had been made for a renewal of the expired DoLS but the manager from another of the provider's services had been in contact with the local authority DoLS team to discuss the person's changed circumstances and to confirm their responsibilities with regard to notifications relating to this person. None of the other people living at the home had a DoLS in place.

Daily records, and our observations, showed staff sought people's consent before providing support. However, we saw consent issues were not always detailed within care plans and we saw some examples within the care plans of a person assessed to have capacity, of staff placing restrictions on the person's choices. For example, one care plan for personal care said if the person refused personal care staff should ask them to return to their room until they 'accept support to wash adequately'. Another care plan said some personal care items were being stored in the office because the person had not accepted staff's advice on how to use them safely.

We recommend consent issues are reviewed to make sure the service is working within the principles of the MCA.

The provider had recognised that the current environment was not entirely suitable for the people living at Mayfield House. In line with the principles of 'Registering the right support' which looks at making sure people living with a learning disability are supported in an environment most appropriate to supporting their choice and independence, were in the process of developing a supported living service for the people living at the home to move into. We saw people's rooms were decorated and furnished to their choice.

We saw people were involved in choosing the meals they would like to have each week. Staff told us a meeting was held with all of the people who lived at the home each weekend when the menu for the next week's evening meals was developed. The menu in the kitchen showed which person had chosen each meal.

People chose from a range of options for breakfast and lunch was usually a sandwich with crisps and fruit. Staff joined people for meals and we observed them encouraging conversation between people which enhanced the mealtime experience.

Is the service caring?

Our findings

Our observations were that staff had developed positive relationships with people and clearly knew them very well. Where people had difficulty with verbal communication we saw staff patiently spending time with them making sure they understood what the person was saying. We saw friendly and relaxed interactions between people and staff throughout our inspection.

On the first day of our inspection a person became ill and needed to go to hospital. Arrangements were made for the key worker of the person to accompany them to hospital and stay with them until they were settled. Plans were also made immediately to make sure a member of staff familiar to the person went to the hospital to support them during the day throughout their stay.

Whilst staff demonstrated a very caring attitude toward the person who had become ill, we had to remind them to consider the feelings of other people who used the service who were aware somebody was ill and were clearly worried and in need of some reassurance.

Care plans did not reflect any involvement of the person concerned and did not always reflect a caring or positive approach. For example one care plan said that the person could experience low moods and during this time might shout which could upset other people. Rather than informing staff how to support the person when they experienced low moods, the care plan said for staff to direct the person to their room when this happened.

Other care plans appeared judgemental rather than demonstrating how caring practice was embedded and promoted within the service. For example, a care plan with regard to a person complaining of pain in their feet when walking implied the person was using sore feet as an excuse, saying staff had looked at the person's feet and could not see anything to cause the pain. Another care plan relating to a person being concerned about their weight was written with inappropriate language about the character of the person and not their care needs.

We saw little evidence of how people's independence was promoted although this was being considered through the proposed move to supported living. Empowerment assessments were in place however, we did not see evidence of how people's wishes within these assessments were being met. For example, one person's empowerment assessment said they wished to be involved in staff recruitment but we did not see any evidence of this having happened.

Care records did not always promote people's dignity. For example we saw a monthly summary of one person's daily report entries reflected only episodes of incontinence and behavioural issues. We also noted that people had to go to the office to request toilet roll when using the communal toilets. Staff told us this was due to one person blocking the toilet with toilet roll but had not considered the impact on the privacy and dignity of all the people living at the home.

People appeared to have received good support with personal care.

Is the service responsive?

Our findings

We did not see evidence of people being involved in their care planning and staff confirmed this did not happen. Care plans did not reflect a person centred approach and although included information about people's skills, there was no evidence of how these skills were promoted or the choices people made in their daily lives.

Reviews of care plans were simply a list of dates, some going back over a number of years with no evidence of the person having been involved in the review.

We saw most people did have a 'Person centred plan' which used pictures and photographs to demonstrate how the person had been supported to set and achieve personal goals. Staff told us the one person who didn't have a person centred plan had said they didn't want one. We did not see any evidence of this decision being recorded or any discussion with the person to give them opportunity to change their mind. Not all of the person centred plans were up to date but a member of staff told us they were currently reviewing the process to make them more person centred, to give people more choice and to make sure people were fully involved in the process. We saw all care plans and person centred care plans were kept locked in the office which meant people did not have access to them.

We saw people's choices and decisions about the support they would like to receive at the end of their life was recorded in a document titled 'Celebrating my life' which was held within the care plan file. This document detailed people's cultural and spiritual needs and preferences at the time of their death. However, there was no evidence of these being routinely reviewed with some dating back several years. At the time of our inspection we saw one person was receiving end of life care. We saw their care plan had been reviewed to reflect their current care needs.

All of the people living at the home were involved in a range of activities both within and outside of the home. People attended clubs and day centres and various venues for social evenings. Some people also received one to one support from the provider's outreach service to support them in activity of their choice. One person worked on a voluntary basis in charity shops. Weekly trips out, chosen by people who lived at the home were organised.

Whilst there was a high level of activity, we saw people had followed the same timetables for several years and did not see any evidence that people had been asked if this was still appropriate for them or if they had been introduced to, or offered, alternative activities.

People were supported to choose and plan annual holidays and the provider funded staff to accompany people on holiday.

A complaints policy was in place and we saw easy read information about how to make a complaint was included in each person's care file. Although these were not accessible to people as they were locked in the office, people we spoke with told us they would speak to staff if they had any concerns or worries.

The service did not have record of any concerns received.

Is the service well-led?

Our findings

At the time of our inspection the registered manager was not available at the service. There were some changes in progress in relation to senior personnel within the service. Staff were aware of changes and were being supported by a manager from another of the provider's homes and the new operations manager.

All staff were aware that the vision for this service was for it to close with all of the people moving into a new supported living service.

Issues in relation to audit of the service had been identified by the new operations manager and had been communicated to the Commission in a timely manner. Immediate action had been taken to address issues which could have put people at risk.

We saw a number of audits were in place covering for example health and safety, infection control and care plans. However we found these were not robust, some were undated, and action plans had not been developed where actions were required. We saw care plan audits had resulted in a large number of post-it notes being stuck to pages within the care plan file with brief instruction for staff to make changes. However, a number of issues we found with the care planning process had not been identified.

We saw manager's monthly reports for a period of seven months but found these were very brief and again had not identified the issues we found.

Until the audit conducted by the new operations manager in April 2018 we did not see any evidence of provider audit of the service.

We saw on overview of the results of a relative's survey conducted in February 2018 reflected positive responses but there were no details about what people had said. There were no recent surveys to gain the views of people who used the service or staff.

Staff differed in their views about how they were involved in the running of the service. Some felt they were listened to but others said they were only told 'what they were doing wrong'.

Although issues with governance had been identified, this had been as a result of changes of personnel and not through continuous monitoring of the quality and safety of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance)

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Advice from healthcare professionals to mitigate risks to people had not been incorporated in care plans or followed by staff .
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for continuous monitoring of the quality and safety of the service were not effective
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive the training and support they needed to support them in their work.