The Mayfield Trust

Mayfield House

Inspection report

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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

About the service
Mayfield House is a residential care home providing personal care to seven people at the time of the inspection. The service can support up to 20 people.

People's experience of using this service and what we found

The provider had recognised the service provided was not in line with the values that underpin the 'Registering the Right Support' and other best practice guidance and was finalising the development of 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 outcomes for people did not fully reflect the principles and values of Registering the Right Support. People had not been supported to maintain person centred care plans to reflect their goals and aspirations. There was little evidence that people had been supported to develop and follow a programme of activity meaningful to them.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests. For example, a condition on one person's Deprivation of Liberty Safeguards (DoLS) was for the service to look at technology to reduce the level of staff observation. This had not been done.

Systems of governance and oversight were not sufficiently robust to have identified the issues we found during the inspection.

Staff were safely recruited and received the training and support they needed to undertake their role. However, our observations of practice evidenced that training might not always have been effective. The provider increased staffing levels following our feedback on the day of the inspection.

We have recommended the provider maintains an on-going review of staffing levels in accordance with people's needs and assesses the effectiveness of staff training through observation and supervision.

People said they felt safe and would speak to a member of staff if they were not happy about something.

The service had appropriate checks and maintenance to ensure the service and equipment was safe for the people living at Mayfield House.

Assessments of people's needs were in place, but care records did not always show the care and support being delivered met with people's assessed needs.

We have recommended the provider audits care plans to make sure up to date healthcare information is included.

People spoke fondly of staff and we observed some caring interactions between staff and people who used the service.

More information is in the full report.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to need for consent and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection and update: The last rating for this service was requires improvement (published 12 June 2018) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider had achieved compliance with two of these breaches but remained in breach of regulation 17 (Good governance).

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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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 always safe.

Requires Improvement

Is the service effective?

The service was not always effective.

Requires Improvement

Is the service caring?

The service was not always caring.

Requires Improvement

Is the service responsive?

The service was not always responsive

Requires Improvement

Is the service well-led?

The service was not always well-led.

Requires Improvement

Mayfield House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors

Service and service type
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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had been absent from the service since the last inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and four members of staff. We also spoke with the

nominated individual (NI) for the service.
We reviewed a range of records. This included three people's care records and related documentation including medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Systems were in place to make sure staff were recruited safely. This included checks from the disclosure and barring service (DBS) and obtaining references.
- Staff rotas showed there were usually two staff on duty during the day. Staff were responsible for cleaning and cooking as well as supporting people. One of the people living at the service required two staff to meet their needs which meant two staff needed to be present in the service at all times. This meant staff were not always available to support people to engage in activities outside of the home. We saw from one person's records that their planned activity had been cancelled due to the lack of availability of staff. The nominated individual (NI) told us immediately following the inspection that staffing levels had been increased.

We recommend the provider maintains an on-going review of staffing levels in accordance with people's needs.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding and reported any concerns to the senior care worker on duty. However, because of a lack of managerial oversight, referrals to the local safeguarding team had not always been made as needed. We raised this with the NI during the inspection and they arranged for referrals to be made without delay.
- People told us staff made them feel safe.

Assessing risk, safety monitoring and management

- Personal risk assessments were in place, but we found they varied in quality and content. For example, some people's 'Holistic risk assessments' provided staff with good levels of guidance on actions to take to reduce identified risks whilst others were poorly completed and lacked detail.
- Emergency plans were in place to ensure people were supported in the event of a fire.
- The environment and equipment were safe and well maintained. A risk assessment had been completed in relation to the building work going on at the site.

Using medicines safely

- Medicines were managed safely although some improvements were needed in the recording of medicines prescribed on an 'as required' (PRN) basis.

Preventing and controlling infection

● The service was generally clean and tidy, and staff followed infection control procedures.

Learning lessons when things go wrong

● The lack of management overview at the service had resulted in a lack of collation or review of incidents that would enable lessons to be learnt from emerging themes or trends in accidents and incidents.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.
This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● One person had a DoLS in place which included two conditions. The conditions related to the service completing capacity assessments and best interest decisions in relation to reducing restrictions such as use of lap strap, bed rails and frequency of staff observations of the person during the night.
● Capacity assessments had been completed but the conclusions of these assessments were contradicted in the person's care plan. For example, the care plan in relation to mobility said the person was able to consent on a basic level to restrictions such as lap belt and bedrails, when the capacity assessment concluded the person was not able to consent.
● One of the conditions said the service should look at putting in technology to reduce the number of checks staff made on the person during the night. No action had been taken and staff confirmed the person was still subject to frequent checks.
● No best interest meetings had taken place.

The above demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments of people's needs were in place, but care records did not always show the care and support being delivered met with people's assessed needs.
● One person had been assessed as being at risk of overeating and needed staff to encourage them to eat small meals regularly and to have healthy snacks in between when hungry. The care plan for the person said they must be involved with planning their diet and should meet with their key worker frequently to plan

meals and snacks. However, daily records were just a list of what the person had eaten at each mealtime. There was no reference to small meals and snacks, or meeting with their key worker to plan meals as detailed in the care plan. The monthly review repeatedly said the person 'continues to eat a weekly set menu chosen by residents.'

Staff support: induction, training, skills and experience
At our last inspection the provider had failed to make sure staff received appropriate training and support. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
At this inspection some improvement had been made and although the provider was no longer in breach of regulation 18 further improvements were still needed.
● Induction procedures were in place but records in relation to this did not evidence a robust approach to supporting people during induction. For example, one person's induction record suggested the person had covered forty areas of learning in one day. One staff member told us they had received an induction, but this was not recorded in their records.
● Records showed staff had received training to support them in their work although our observations of practice and discussions with staff evidenced that training might not always have been effective.

We recommend the provider assesses the effectiveness of training through observation and supervision.

Supporting people to eat and drink enough to maintain a balanced diet
● People were involved in planning of menus with each person choosing the main meal for one day of the week. Menus showed meals were nutritious.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
At our last inspection the provider had failed to make sure advice from healthcare professionals was included in care plans which had resulted in a person not receiving safe care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
At this inspection some improvement had been made and although the provider was no longer in breach of regulation 12 further improvements were still needed.
● Staff had been working with the local authority to make sure people's needs would be met in the supported living setting the provider was developing.
● People were supported to access healthcare professionals such as GP, district nurse and dentist as needed.
● Care records were not always clear about people's healthcare needs. For example, one person was receiving treatment for a skin condition but there was no mention of this this in their health file.
● Audit of the health action plan for one person said information in relation to the person's use of a medicine needed to be added to the health conditions section in the person's care plan. This had not been completed.

We recommend the provider audits care plans to make sure up to date healthcare information is included.

Adapting service, design, decoration to meet people's needs
● The service was due to close as a care home because the provider had recognised the service was not meeting 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. Renovations were being completed for the provision of supported living services within the grounds.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- Care plans evidenced that people had been involved in the development of their care plans but there was little to suggest this was an ongoing process. When staff were completing daily records, they asked each other about people's activities rather than asking the person concerned.
- Although people living at the home were due to move to a supported living setting, there was no evidence of how they were being supported to prepare for this change or how they were being supported in developing independent living skills.

Respecting and promoting people's privacy, dignity and independence

- Some staff spoke about people within their, and other people's hearing. When an inspector challenged this, a member of staff said the people in the room would not understand what staff were saying. This demonstrated a lack of respect for people using the service. The nominated individual gave assurances that this would be addressed immediately.
- Care records did not always demonstrate respect for people's dignity. For example, one person's 'Positive behaviour file' said their behaviours may be as a result of a mental health condition and not done deliberately. However, records made in relation to the person's behaviour reflected a lack of empathy and understanding.
- During the inspection the fire alarm sounded, and everybody had to evacuate. One person was visibly distressed and appeared frightened by the alarm, but staff failed to offer any reassurance to them until prompted to do so by an inspector.

Ensuring people are well treated and supported; respecting equality and diversity

- People demonstrated trust in staff and we observed some positive, caring and supportive interactions. There was a key worker system in place and one person told us they liked spending time with their key worker. There was no evidence of staff not meeting the requirements of the Equality Act 2010

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has or remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● Person centred care plans had been developed with people but had not been reviewed or updated for several months. People had identified goals within the care plans but again had not been updated. For example, one person's key goal identified in 2017 was to go on holiday on a plane. Later in 2017 this goal was recorded as 'Achieved' but the person only went to Blackpool. A note made in September 2017 said "Hopefully (person) will be going abroad next year". There were no further updates to this or any other of the person's goals since 2017.

● Some care plans included good detail such as life histories but did not always record people's interests or activity preferences.

● Where care needs had been identified, daily reviews did not always reflect how the person was being supported or what they had achieved. For example, one person had a 'Life skills' care plan which included cleaning and cooking. Daily reviews frequently said "(Person) has not displayed any life skills today that I have observed".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Presentation of information was appropriate to the needs of people using the service. For example, one person had chosen how their Person Centred Care plan was presented. They had included a note in the care plan asking anyone who read it if they thought it was as attractive as they did. A further note in the care plan said the person had chosen the pictures on their file and said, "I like the front. I know this is my file"

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had timetables of activities but there was a lack of evidence of these being followed. On the day of our inspection we saw little evidence of people being engaged in meaningful activity.

● Staff did not appear to fully understand the importance of supporting people to engage in meaningful activity. For example, whilst completing care records one member of staff asked if going to hospital appointment was a planned activity. Another staff member said "Yes, it was planned". The staff member went on to say that the person concerned would not be doing any other activities that day "because of the weather".

● One person showed us photographs of a holiday they had taken with staff and another person living at the

home. They told us they had been able to choose who went on the holiday with them and had very much enjoyed it. They said they were starting to look at options for future holidays.

Improving care quality in response to complaints or concerns

● People said they would tell staff if they were not happy about something. A complaints procedure was in place but the 'Complaints file' we were given to look at only contained blank forms.

End of life care and support

● None of the care files we looked at included any detail about people's choices and preferences in relation to end of life care.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.
This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.
At our last inspection the provider had failed to make sure effective systems for continuous monitoring of the quality and safety of the service were followed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
●The registered manager had been on extended leave since the last inspection of this service in May 2018. Shortly after this inspection the provider informed CQC that the registered manager had left the service.
●Some auditing of quality and safety had been completed but not all actions identified as needed by audit had been completed. For example, the review of one person's health action plan in April 2019 said 'Flu jab needs updating, height and weight section requires updating/completing. Keyworker to action'. There was no evidence this had been completed.
● There had not been a review of pressure care since April 18 and the last date of audit of care plans and person centred plans was October 2017.
● The last review of accidents and incidents including falls was dated February 2018. This meant the provider did not have an overview of the causes of accidents for which actions could be taken to reduce the risk of reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People using the service were due to move to a supported living provision which was in the final stages of development on the care home site. However, there was no evidence of how people were being supported, individually to prepare for this change.
● Person centred care plans were out of date and there was no evidence of people's current goals and aspirations.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had kept CQC informed of the situation with the registered manager.
● Some safeguarding events had not been appropriately reported which meant the related statutory notifications to CQC had not been made. The NI rectified this during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● A report following an audit by the local authority commissioning team in January 2019 recommended the service increase the frequency of resident's meetings. We did not see evidence of these having taken place since the report.

● Staff meetings had been held. Minutes reflected discussions had taken place but did not evidence of staff being asked for feedback or suggestions about the service.

● We did not see any recent quality surveys.

Continuous learning and improving care

● Immediately prior to the inspection, the NI had introduced an experienced staff member from another of their supported living services to work at the service. This was to support people and staff prepare for the transition to the supported living model of care.

● The NI told us a new way of auditing quality and safety had been developed as they wanted to improve on the systems previously used.

Working in partnership with others

● The service had been working with the local authority in preparation for the closure of the service and the transition for people to supported living.

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had not worked within the Mental Capacity Act 2005, to make sure people were supported in the least restrictive way possible.

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