

The Mayfield Trust

The Mayfield Trust Outreach Service

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected The Mayfield Trust Outreach Service on 28 & 29 June and 13 July 2016. The visits were made at short notice to make sure the registered manager would be available.

The last inspection took place on 26 July 2013 and at that time the service was meeting all of the regulations we looked at.

The Mayfield Trust is an independent charity providing a range of care and support services to children, young people and adults with learning disabilities and other complex needs. The services provided include supporting people to join in community based activities and personal care. At the time of the inspection personal care was only being provided to seven people, which is the part of the service the Commission regulates.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with the relatives of five of the people who were using the service. Four were highly satisfied with the service and the care and support which was being provided. One relative told us they were satisfied with the current service but told us they had raised a series of concerns about one member of staff, about a year ago, which they did not feel had been responded to by the registered manager.

We found there was a complaints procedure in place but this had not always been followed by the registered manager, which meant the concerns the relative raised had not been responded to in a robust and adequate way.

Staff told us they received training and felt supported in their role. We found staff had not always received enough training to support people with complex care needs and there was no formal system to assess individual care workers competencies.

Staff understood how to keep people safe, but the safeguarding policy had not always been followed.

There were enough staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured only staff who were suitable to work in the service were employed

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS).

People told us their relatives received a reliable service from a consistent team of carers who were kind and

caring.

Person centred care plans were in place and people told us they had been involved in formulating these with their relative. However, we found care plans did not always contain all of the necessary information to deliver care safely. We saw care plans were reviewed annually unless changes were required in the interim.

We found there were no robust procedures in place to monitor the quality of the service and staff were not always following the organisations policies and procedures. We found checks being made on the overall operation and quality of the service were poor and were not identifying areas which required improvement and could potentially leave people at risk of not receiving safe care..

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement ●

The service was not always safe.

Staff understood how to keep people safe, but the safeguarding policy had not always been adhered to.

There were enough staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured only staff who were suitable to work in the service were employed.

Staff were able to support people with their medicines if this was required. The medicines management policy was in need of review.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive training appropriate to their job role. This meant they did not always have the skills and knowledge to meet people's needs.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff supported people to maintain good health and offered appropriate support with meals.

Is the service caring?

Good ●

The service was caring.

Feedback about the quality of care provided was positive.

People were supported by regular care workers. This consistency enabled care workers to develop meaningful relationships with the people they supported.

Staff used their knowledge of people to deliver person centred care.

Is the service responsive?

The service was not always responsive.

People were involved in planning their care and support and care plans were reviewed annually, unless people's needs changed before this.

There was a complaints procedure in place, however, this had not always been adhered to by the registered manager.

Requires Improvement 

Is the service well-led?

The service was not well-led.

People were not protected because the provider did not have effective systems in place to monitor, assess and improve the quality of the services provided or to mitigate risks to people using the service. This was evidenced by issues identified at this inspection.

Inadequate 

The Mayfield Trust Outreach Service

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 started with a visit to the provider's offices on 28 June 2016. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available. The inspection was carried out by one inspector visiting the office base and carrying out telephone interviews with relatives.

When the phone calls to relatives were made on 29 June 2016 one person told us the concerns they had raised had not been dealt with. We sent these concerns to the provider to investigate and then returned to the office base on 13 July 2016 to conclude the inspection.

At the time of inspection the service was only providing personal care and support to eight people.

During the visit to the provider's office we looked at the care records of people who used the service, staff recruitment files and training records and other records relating to the day to day running of the service. We also spoke with two support workers, a group leader, the health and safety officer, the registered manager and registered provider.

Following the visit to the provider's offices the inspector carried out telephone interviews with a further three members of support staff.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent

us.

We also 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 registered provider returned the PIR and we took this into account when we made judgements in this report.

Is the service safe?

Our findings

Safeguarding procedures were in place. The registered manager demonstrated a good understanding of safeguarding and how to identify and act on concerns. They also told us no safeguarding incidents had occurred within the service and all of the staff had received safeguarding training.

The staff we spoke with had an understanding of how to identify and respond to any suspected abuse or concerns they had about people's wellbeing. This meant staff understood how to keep people safe.

When we spoke to one relative they gave an example, a year ago, of when staff should have made a referral to the local authority safeguarding team but had not. The person had not come to any harm but had been left at risk. The registered provider agreed a referral should have been made.

We recommend staff must always follow the organisation's safeguarding procedures in order to ensure they keep people safe.

We saw detailed risk assessments in people's care plans informing staff of specific risks and the action they needed to take in order to mitigate those risks. For example, making sure wheelchair users were safe when using the minibuses. However, we also found some risks had not been identified as part of the risk assessment and care planning process.

Where care and support was being provided in people's own homes we saw an assessment of the premises had been undertaken to ensure they were safe. The registered manager told us staff were observant and if they felt any repairs or improvements were needed they would report these.

We saw infection prevention procedures were in place and all staff had received relevant training. Disposable gloves, aprons and hand gel were all available at people's homes and on the minibuses. We saw very detailed risk assessments for staff to follow in relation to meeting people's continence needs.

We saw the provider had a draft medicines management policy in place, however, when we looked at it we saw it was based on medicines management in care homes rather than in the community. This meant not all of the guidance was relevant to the management of medicines in people's own homes.

At the time of our visit we saw from the training matrix staff who had responsibility for the administration of medicines had received accredited training. However, there were no checks being made about their competency to administer medicines.

When we looked in the care files we saw people's medicines had been listed and there were information sheets available so staff could see what the medicines were for. When we spoke with the registered manager they told us families took the lead for administering medicines and mostly care workers took charge of any emergency medicines, such as, inhalers and epilepsy medicines should these be required when they were supporting people in the community.

We saw medication administration records (MARs) were available for staff to complete if they needed to administer medicines to make it clear what had been administered, the dose, time and who had given the medicine.

We recommend the medicines management policy is reviewed to make it relevant to domiciliary care.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form, detailing their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with people who used the service.

The registered manager told us that sufficient care staff were employed for operational purposes. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. People told us their relatives received support from the same group of carers which helped to ensure continuity of care. One person said their relative had been having the same carers for five years. Our review of records, discussions with relatives and staff, led us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

Is the service effective?

Our findings

We asked people if they felt staff had the right skills to support their relative. One person told us, "Staff are well trained and [name] is in safe hands."

The registered manager told us staff completed induction training and any new staff would complete the Care Certificate, if they did not already have a qualification in care. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at the training matrix and saw staff training was mostly up to date. The registered manager explained there were two members of staff with lead roles for training and when refresher training was required relevant sessions were arranged.

We spoke with one of the trainers who told us the majority of training was delivered 'face to face' and e-learning was only used as a last resort. This was because they felt staffs' understanding of the training could be better assessed in this way.

Staff we spoke with told us they felt supported in their role and confirmed they received formal supervision every three months where they could discuss any issues on a one to one basis. They also told us they received an annual appraisal, which focused on their practice and on-going professional development.

People we spoke with told us in the main they felt staff had the skills to meet their relatives needs.

Following concerns raised by one person, we found one of the care workers had not been provided with adequate training before they started supporting their relative. This had happened approximately 12 months ago. The new care worker should have completed three shifts shadowing an experienced care worker to learn how to support this person, but only completed two. Although they had received training in administering medicines and percutaneous endoscopic gastrostomy (PEG) feeding, no checks had been made by a senior member of staff to assess the care worker's practice to ensure they were competent. When we looked at the care workers supervision records we saw they had been requesting training in relation to behaviours which may challenge, but this had not been provided. We concluded the continued lack of staff training could put people at risk of receiving unsafe care.

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

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 when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided.

We saw people's nutrition and hydration needs were detailed in their care plan, if they required support from staff. There was clear information about any particular likes and dislikes and any adaptations which were required. For example, the use of a plate guard or special drinking beaker. The care plan also informed staff about how to maintain people's independence, for example, by making sure they had a straw so they could drink independently. This showed us people's nutritional needs were being planned for and met.

We saw the care plans had details of healthcare professionals who were involved with people who used the service. The registered manager told us it was family members who dealt with appointments and general healthcare needs, but care workers would deal with any emergency situations which arose.

Is the service caring?

Our findings

We saw people were given information about what they could expect from their care worker in the 'service user guide.' For example, 'They should respect your rights and dignity and promote your independence at all times. They should show respect for your home, belongings and personal standards.'

We asked relatives about the qualities of the staff and if they were respectful of people's privacy and dignity. These were the comments we received; "They [staff] have been supporting [name] for five years and know them back to front and upside down. They [staff] help [name] to be as independent as possible and really care. Whatever [name] needs, they [staff] do." "[Name] enjoys spending time with staff. They are kind, caring, helpful and have a good rapport with [name]. Staff are mindful of privacy and dignity and are sensitive when assisting [name] to the toilet. When they go swimming they try to have a male worker to assist with changing." "[Name] is always pleased to see the staff and we have found them kind and caring." "The staff are kind, patient and helpful."

We saw care plans were person centred and each was prefaced with a one page profile of the person who used the service. This gave information about their likes and dislikes and 'Things you need to know about me.' From this information it was easy to get a very quick overview of the person and their needs. The care plans had been developed in 'easy read' format with lots of illustrations and photographs, which were personal to the individual.

One of the care workers we spoke with told us how they supported one person and was very knowledgeable about their personal preferences and what they liked to do.

One relative told us, "They [the staff] help [name] to retain as much independence as possible. They will sit and watch TV with [name] and whatever [name] needs they do."

We saw in the recruitment files when staff first started they had signed an agreement regarding keeping people's personal information confidential. There was also information in the 'Service User Guide' which advised, "Staff have signed a confidentiality form which means they must keep anything they see or hear about you confidential and not tell anyone else."

Is the service responsive?

Our findings

We saw the complaints procedure was detailed in the Service User Guide. The registered manager told us they had received no complaints and there was no documentary evidence of any complaints being investigated and responded to.

We asked relatives what they would do if they had any concerns, one person told us, "I would speak to [Name of registered manager] if I had any issues and they would sort them out." Another told us, "I would feel able to raise any concerns if I had any." However, one relative told us they had made more than one complaint to the registered manager, about a year ago, but felt nothing had been done.

We looked at the complaints procedure and saw in the first instance if someone wanted to raise a complaint they should talk it over with the registered manager. It then stated if they were not satisfied with the response they should contact the registered provider. We noted the relative had not escalated their concerns to this stage of the procedure.

Following this conversation we asked the registered provider to investigate this person's concerns. They did this promptly and sent us a report of their findings. In this report they acknowledged the registered manager's response to the relative's concerns had been inadequate and they had put in additional measures to make sure any concerns or complaints received in the future were fully documented.

We concluded the registered manager had not followed the complaints procedure and as the relative had not contacted the registered provider they had not been able to look at the issues raised in a timely way.

We recommend staff must adhere to the organisations complaints procedure to demonstrate they are meeting legal requirements.

Before people started using the service the registered manager or senior member of staff visited them to assess their needs and discuss how the service could meet their wishes and expectations. Care files had assessments in place detailing people's needs. From these assessments care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided.

People we spoke with confirmed they had been involved, with their relative in developing their care plan. Reviews of the care plans were completed annually or as people's needs changed.

We found some care plans lacked detail about people's complex personal care needs and did not provide staff with enough information to deliver safe care. Risk assessments were not always in place to inform staff what action they needed to take in order to mitigate specific risks. For example, one person's bathing care plan did not alert staff not to leave them in the bath alone because this would be very unsafe. In the same care plan we saw the person needed support with feeding via a percutaneous endoscopic gastrostomy (PEG) tube. The care plan did not give any guidance about how this should be done. This meant staff had no guidance on how to manage the PEG and feeds safely.

The service primarily supported children and adults to pursue a range of activities in the community, for example, swimming, bowling, trampolining, wall climbing, play gyms, parks and visits to local places of interest. They had two mini buses and people using the service went out in groups supported by staff. The service operated at weekends and if people required support with their personal care in order to access this service this was provided by staff.

One person we spoke with told us staff supported their relative to go out on an individual basis in the afternoons. They explained their relative was having difficulty getting into an ordinary car so the service was providing a vehicle with a ramp so their trips out could continue.

Is the service well-led?

Our findings

Four of the relatives we spoke with told us they found the registered manager approachable. One person said, "It's a fabulous company, I wouldn't want any other company providing the service." Staff told us, "[Name of registered manager] is on the end of the phone if you need her and is very nice." "[Name of registered manager] is approachable and available."

We looked at the quality assurance policy and saw this was primarily aimed at the organisation's care homes and very little was applicable to the domiciliary care service.

We found there were no robust procedures in place to monitor the quality of the service.

The concerns a relative discussed with us, highlighting issues they had with the service a year ago, showed us the complaints procedure had not been followed and their concerns had not been properly investigated and responded to. The providers' investigation and our further visit to the service exposed weaknesses in the governance systems and staff training. If the complaints had been properly investigated when they were received action could have been taken then to make improvements in the service.

Care plans were not being audited to ensure they contained sufficient information for staff to provide safe and effective care. This meant the issues we identified at this inspection had not been identified. For example, the lack of care planning for percutaneous endoscopic gastrostomy (PEG) feeding.

We found there were no systems in place to audit daily care records and medicine records to make sure care and support was being delivered in line with the care plans. For example one person's medicine records were still at their house from 12 months ago.

We found staff were not working to the organisations policies and procedures and some of the policies and procedures, medicines management for example, were for care homes, rather than a domiciliary care service.

We saw the service had a disciplinary procedure in place which stated would be used when there was a serious breach of health and safety rules or acts of omissions which endangered the safety of the people supported by the service. We found this procedure had not been followed when a care worker had put someone using the service at risk. There was no documentary evidence the safety issue had been discussed with the member of staff to make sure they were aware of the potential seriousness of the incident. This showed us the disciplinary policy had not been adhered to.

There were no effective staff training audits in place to ensure staff had the training, skills and competencies to meet people's complex needs.

There was no effective system in place to check staff were competent and applying their training to their practice. No formal 'spot checks' were taking place to observe staff practice to make an assessment of their

competency.

The lack of making accurate and contemporaneous records meant the registered provider could not identify when complaints had been made or that safeguarding incidents had been identified and reported in line with the procedures.

The registered manager was not pro-active in contacting people to make sure they were satisfied with the service on a regular basis. Service satisfaction surveys were sent out annually and we saw these had last been sent out in August 2015. These showed a high level of satisfaction with the service, however, it was not possible to see which part of the service people were commenting on.

We saw an annual service audit document which had been completed in June 2015. This had picked up some issues which needed to be addressed, for example, all staff giving medicines must have suitable training. The registered manager told us they had completed the actions identified in the report but could not locate the completed record. This meant we could not be assured the action points had been addressed.

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

We spoke with the registered provider and their deputy on the second day of the inspection and they recognised improvements in the governance system needed to be made and had already started looking at ways they could do this. The registered provider told us they thought the registered manager had "Taken their eye off the ball." And on reflection realised if they had dealt with the complaint properly the issues could have been resolved. The registered manager told us they had booked themselves on an effective record keeping course to help them make improvements.

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 |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services provided or to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Accurate, complete and contemporaneous records had not been maintained for each service user.</p> <p>The provider did not act on the feedback they received from relevant persons.</p> <p>Regulation 17 (1) (2) (a) (b) (c).</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received appropriate training to enable them to carry out their duties.</p> <p>Regulation 18 (1) (a).</p> |