

# The Mayfield Trust

# Dalecroft

## Inspection report

94A Keighley Road  
Halifax  
West Yorkshire  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 22 February 2016 and was announced. We gave the provider short notice of our visit to ensure that people who used the service and staff would be available to speak with us. This was the first inspection following registration in March 2015

Dalecroft provides personal care to six people with learning disabilities in a supported living service. There were six people using the service when we carried out the inspection.

The service has a registered manager who has been in post since the service was registered. 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.

People told us they felt safe and we saw staff knew people well and understood how to manage risks without limiting people's freedom unduly. Staff understood safeguarding procedures and how to report any concerns.

Medicines management systems were safe and ensured people received their medicines when they needed them.

Staffing levels were flexible to meet people's needs and allowed them to pursue their interests and hobbies. Staff recruitment procedures ensured staff were suitable to work in the care service.

Staff received the training and support they required to carry out their roles and meet people's needs. The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to access the healthcare services they required. People chose what they wanted to eat and drink and staff supported them with shopping and preparation of meals. Staff supported people to lead active lives of their choosing and helped them manage their own budgets.

Care and support was planned and delivered with people to meet their needs and preferences. People knew how to raise any concerns and there was accessible information to guide them in the complaints process.

The service was well led by a registered manager who led by example and promoted person-centred care. Staff told us they felt supported and people who used the service were comfortable around the registered manager and knew them well. Effective quality audit systems ensured any issues were identified and addressed.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe as staff understood how to protect people without unnecessarily restricting their freedom. Risks were well managed and there were sufficient staff to meet people's needs.

Robust recruitment processes ensured staff were suitable to work with people who used the service.

People were encouraged and supported to manage their own medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005.

Staff received the induction, support and training they required to support people and meet their needs.

People were involved in planning and managing their own nutritional needs with support given by staff as and when needed.

People's healthcare needs were assessed and staff supported people in accessing health professionals.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff and we saw staff provided them with the support they needed in a caring and compassionate way.

People's privacy and dignity was respected. People's views were sought and acted upon.

### Is the service responsive?

Good ●

People were involved in planning and making decisions about their care and support which was tailored to meet their individual needs.

People were supported to pursue activities of their choice both at home and in the community.

People knew how to raise any concerns with staff and the complaint procedure was provided in an easy read format.

### **Is the service well-led?**

The service was well led.

The registered manager led by example, providing support and guidance to staff. People and staff spoke positively about how the service was run. People's views were sought about the service.

**Good** ●

# Dalecroft

## 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.

This inspection took place on 22 February 2016 and was announced. We gave the service 48 hours notice of our inspection so that we could ensure staff and people who used the service would be available. The inspection was carried out by two inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted commissioners from the local authority and the local authority safeguarding team.

Before the inspection, the provider completed 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.

We spoke with three people who used the service, a senior support worker, a support worker and the registered manager.

We looked at three people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. Our discussion with the registered manager and staff showed they had a good understanding of how to ensure people were protected without unnecessarily restricting their freedom. We saw there was 'easy read' safeguarding information on the notice board for people to refer to. There were also safeguarding policies and procedures in place for staff to follow. We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who used the service were at risk. Both staff were able to tell us about different types of abuse and both said they would not hesitate to report any concerns to the registered manager or to more senior management. We looked at the training matrix and saw staff training in relation to safeguarding was up to date. We spoke with the registered manager who demonstrated a clear understanding of safeguarding procedures. This meant staff understood how to keep people safe.

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place for personal emergency evacuation plans. Yet other identified areas of risk were incorporated into care plans rather than recorded on a separate risk assessment tool. We saw the care plans included the hazards presented to people and the way to reduce the risk. For example, one person needed 'bite size' pieces of food otherwise they could be at risk of choking. However, we saw from the weight records three people had lost weight, although none of them were of a low body weight. In the absence of a nutritional screening tool it was not clear how staff would know what action they needed to take to respond to this. We discussed this with the registered manager who told us they would look at using a formal risk assessment tool.

We asked two people using the service if there were enough staff to provide them with the care and support they needed; both told us there were. We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people using the service. The registered manager told us staffing numbers responded directly to people's support needs to ensure both their personal care and social care needs were met. Staff we spoke with told us there were enough staff available to provide people with the care and support they needed. This was confirmed by our observations during the inspection as staff supported people to carry on their daily lives as they wanted with some people going out into the community and others choosing to stay in the house.

We asked people if they received their medicines when they needed them and they said they did. One person said, "Oh yes, staff give me my medicines. I always get them." We looked at how people's medicines were managed. The registered manager told us one person managed their own medicines and we saw safe systems were in place for this to happen which included the person being supported by staff in ordering medicines and secure storage arrangements. Staff were responsible for the medicines of other people who used the service. We saw medicines were stored centrally in the house although the registered manager told us they were exploring with people the possibility of storing their own medicines to promote further independence. Medicine administration records were well completed and stock balances we checked were correct. The service had comprehensive medicines policies and procedures which included step-by-step guidance for staff for all processes such as re-ordering. We found staff had received medicines training and monthly medicine audits were carried out and any issues or improvements required were identified and

addressed at monthly staff meetings.

We asked to see the recruitment files for the last two members of staff who had been recruited. We saw these staff members had been recruited in 2011, when the service had been registered as a care home. We found they had both completed an application form and attended an interview. The registered manager was aware there was only one reference on one staff member's file and told us the previous manager had been responsible for this individual's recruitment. They told us the organisation's recruitment processes had improved and no one would be allowed to start work now without the necessary checks being in place.

# Is the service effective?

## Our findings

We saw the service was effective in supporting people to achieve the outcomes they wanted. For example, one person's care records showed how they liked to start their day by following certain routines and detailed the support they required from staff to do this. When we spoke with the person their description of their daily preferences mirrored the information in their care plan and we saw this was carried out in practice. We observed staff sought people's consent before providing any support and involved them in decisions about their lives.

Staff knew people well and had a good understanding about how to manage behaviour that challenged others. One person's care plan we reviewed provided comprehensive information about certain behaviours which included triggers, control measures and action to take to de-escalate. We saw staff adopted a positive approach with one person when discussing a difficult situation. They remained calm and encouraged the person to explore their feelings without pressurising them to do so.

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. Our conversations with staff and the registered manager showed a good understanding of the principles of the MCA and DoLS. The registered manager told us people had capacity and this was confirmed in the care records we reviewed.

People told us they decided what they wanted to eat and drink and staff helped them with shopping and cooking. As people were out and about in the community, meals were flexible with people eating out on some days and at home on others. People had a weekly house meeting where they planned their meals for the week ahead and then devised a shopping list and this was displayed in the house. During the inspection one person went out shopping with staff for the food. A party was being held at the end of the week and people had chosen the food and drink they wanted at the party. Staff told us people were supported to prepare and make their own meals and we saw this happening at breakfast and lunchtime. We saw mealtimes were relaxed as people chose when and what they wanted to eat and with whom.

Staff we spoke with told us they received training which was relevant to their role and said they felt supported and valued. One person said, "I love it here, it's like one big family." Staff told us, "It's a good staff team, we all help each other out" and "Good staff team, 100%."

We looked at the training matrix and saw staff training was mostly up to date and where training had lapsed dates for refresher training had been identified. All of the staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals and knew about people's likes, dislikes and preferences. This showed us staff worked in a person centred 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. We saw from the supervision forms safeguarding, health and safety, tenants' issues, training and achievements were all standard items to be discussed. Staff also told us they received an annual appraisal, which focused on their practice and on-going professional development.

People's care files contained details about any specific healthcare needs and detailed information about any appointments they had attended, for example with their GP. We saw hospital passports had been well completed and provided detailed information about people's needs. Hospital passports are to assist people with learning disabilities when they go into hospital as they provide hospital staff with important information about the person and their health. We saw people had been seen by doctors, district nurses, opticians, podiatrists and dentists. We also saw pictorial information in people's files about making checks themselves, for example, for testicular cancer. This meant people's healthcare needs were being met.

## Is the service caring?

### Our findings

We asked people if they liked the staff. One person said, "I like the staff, they are kind." Another person told us, "They (staff) are better than where I was before. You can have a laugh with them here." A third person said, "They (staff) make you happy."

We found people were involved in decisions and choices about their lives and how their support and care was delivered. People had their own individual care files which contained information about their life histories, preferences, likes and dislikes, what made them happy, what made them sad and what people liked and admired about them. This information gave staff relevant information and 'painted a picture' of each individual. From talking with staff it was clear they knew people well and this helped them to provide a person centred service.

People were supported to maintain contact with family and friends. One person went to stay with family every weekend, another visited relatives occasionally. One person had an advocate who supported them. Information about how to access advocacy services was available to people using the service.

We saw staff had developed good relationships with people and listened to what they had to say. Staff were patient and kind providing support where needed but also encouraging people to do things themselves. One person told us how staff had helped them move furniture around in their bedroom and said they were pleased with how it looked as it meant they had more light in their room now.

People's privacy and dignity was promoted and maintained and we saw staff treated people with respect. We saw people, who required support with their personal hygiene needs received this at a time of their choosing. For example, one person had got up and was sitting in their nightclothes and dressing gown as they wanted their shower after breakfast. This was recorded as part of their preferred routine in their care records. They told us they had enjoyed their breakfast and were relaxing before having a shower. A support worker asked them if they were ready for a shower and when they said they were, the support worker assisted them. When they came back we asked them if they enjoyed the shower and they replied, "Yes, it was lovely." We saw everyone looked well cared for and well groomed.

We saw people were encouraged to be independent and were involved in a variety of activities. Some people went out to day services and used the Access Bus, without any staff support. One person went out to the supermarket for groceries and another was involved in folding laundry.

We saw people had a weekly timetable detailing what community activities they attended and allocated hours to spend on an individual basis with a support worker.

## Is the service responsive?

### Our findings

People were encouraged and supported by staff to make choices and decisions about the support they received and how they wanted to spend their time. We saw staff gave people options and explored individual preferences at the monthly house meetings.

We saw people's care plans were person-centred and focussed on people's strengths, detailing what they could do for themselves as well as the support they needed from staff and how they preferred this to be delivered. We saw fact sheets were provided to inform staff about specific medical conditions, such as one person's skin condition. We saw people's care plans were regularly reviewed and updated.

We saw where people required additional support from staff this was provided. For example, three people had chosen to have a call device which they wore so that they could summon staff if they needed any help. The registered manager said this enabled people to be independent but also gave them a feeling of security and reassurance. We asked one person who had one of these devices if staff came when they pressed the button and they said, "Oh yes, they come."

We saw people's keyworkers had worked with them in identifying hopes and dreams for the future and explored how these could be met. For example, one person had wanted a pet and staff had helped them choose the pet they wanted and supported them in looking after it. The person told us, 'When we talked about holidays I thought I wouldn't be able to go because of (pet's name) but (staff member's name) said she'd look after him for me, so I can go.'

People were supported by staff to pursue interests and hobbies both at home and in the community. Each person developed their own weekly activity programme with staff which showed how they wanted to spend their time. This included one to one time with staff at home, attending day services, participating in a walking group, cooking and baking sessions and trips out to see family and friends. Staff helped people manage their weekly budgets and each person had their own budget plan. One person told us about discussions they'd had with staff about plans for a future holiday.

We asked people what they would do if they were unhappy about the service. Two people told us they would tell the registered manager and she would sort things out. We saw an easy read complaints procedure was on display on the notice board in the hallway. We also saw at the monthly residents meetings people were asked if they had any comments about the service. We saw at the last meeting people had raised an issue about clearing up after meals, which the registered manager told us they were trying to address. This meant people were given the opportunity to raise any issues with staff and action was taken to try and resolve any issues. We looked at the complaints log and saw no complaints had been received, but saw there was provision to make sure full details of any complaint would be documented together with the action taken and outcome.

## Is the service well-led?

### Our findings

People who used the service knew the registered manager and we saw they were comfortable in their presence. One person said to us, "She's the boss, she is, sorts things out."

We found the service was well managed and saw the registered manager led by example. Our discussion with the registered manager showed they were focussed on providing a quality service and were continually looking at ways in which they could make improvements for people who used the service. They recognised the service was still relatively new and spoke passionately about empowering people whilst acknowledging, for those who had moved from residential care into the supported living service, this was a significant adjustment and changes needed to be developed with people in a timely fashion.

We asked staff about the management of the service. One staff member told us the registered manager, "Always puts the people using the service first. You can go to them about anything." Another staff member said, "She is straight on the job if something needs doing and always gets things done."

We saw there was a range of audits taking place. These included audits of accidents and incidents, care plans, complaints and compliments, health and safety and medicines. We saw when issues had been identified action had been taken to resolve them. For example, one of the people using the service had slipped off the shower chair. Staff had replaced the non-slip mat the same day and arranged for the shower chair to be replaced. The individual concerned confirmed this had happened.

We also saw any problems with the property were being reported to the landlord and records were kept to show when repairs had been completed. This made sure the property was being kept in good order.

House meetings were held every month which gave people using the service the opportunity to raise any specific issues. Staff told us the minutes from these meetings were displayed on the notice board and a copy put in the rota file, so staff could see what action they needed to take. For example, one member of staff told us they had arranged a trip out to a new social activity for people to try.

We asked the registered manager if they had sent out any satisfaction surveys. They showed us these had been prepared and would be given to people, relatives and friends in the near future. They said they felt as people had only moved into the new supported living service in March 2015 they wanted to wait 12 months before completing a survey to give people enough time to become settled.