The Mayfield Trust

The Mayfield Trust Outreach Service

Inspection report

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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 26 February and 7 March 2018. This was the first inspection of this service since its registration at a new location in June 2017. We announced the inspection to make sure the registered manager would be available when we visited the office and so that people who used the service and their relatives could have notice of us contacting them by telephone.

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 including physical disabilities. The services provided include supporting people to join in community based activities and personal care.

The service primarily supported children and adults to pursue a range of activities in the community, for example, swimming, trampolining, play gyms, parks and visits to local places of interest. The service had two mini buses and three multi-person cars all of which were able to accommodate people in a wheelchair. People using the service went out individually or in groups supported by staff. The service supported people over a seven day period with the majority of group activities at weekends. When people required support with their personal care whilst engaging in activities this was provided by care workers. The new premises also provided people with drop in facilities to engage in crafts, use computers and use the sensory room.

At the time of our inspection the service was supporting twenty five people who required support with personal care. This included five people who received care and support in their homes.

The service had a registered manager. 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.

All of the people we spoke with told us staff supported people safely. Policies and procedures were in place to safeguard people from harm and the staff we spoke with understood their responsibilities in keeping people safe. Accidents and incidents were reported appropriately and reviewed to look for any themes or trends which could be mitigated against.

Safe systems for managing medicines were in place. We spoke with the registered manager about putting protocols in place for the administration of 'As required' (PRN) medicines whilst supporting people in the community.

Detailed risk assessments helped to protect people from risks they may encounter in their daily lives. Risk assessments included pictures to help staff with safe use of equipment such as hoists and wheelchairs.

Staff records showed the recruitment process was robust and staff were safely recruited.

Training was delivered to staff in order to help them support people's specific needs. An induction process was in place, although this needed to be improved. Competency checks were routinely carried out.

Staff confirmed they received regular supervision and appraisal and team meetings were held.

Staff were matched to people who used the service. People had their own support worker and a team of support workers where required.

Staff knew how to support people with eating and drinking including managing gastrostomy feeds.

We found staff understood the principles of the Mental Capacity Act (2005). People's best interests had been appropriately taken with the involvement of relevant people. Relatives told us staff sought people's consent.

People told us the service was very caring. Staff demonstrated a caring and empathetic attitude. People's privacy and dignity needs were prioritised and respected.

Person-centred care plans were in place to support staff to provide a personalised service which supported people to engage in a wide range of activities and develop their independence.

People told us they had been involved in the development of care plans although there was little to demonstrate this within the documentation.
People told us they would tell staff if they had any complaints. We saw the complaints procedure was available in an easy read format.

Systems were in place to monitor the quality and safety of the service and to obtain people's views.

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.

Staff understood how to keep people safe and would report any concerns. Risk assessments were robust.

There were enough staff to support people and meet their needs. Safe recruitment procedures were in place.

Staff were able to safely support people with their medicines where required.

Is the service effective?

Good

The service was effective.

Staff received the training and support they needed to support them in their roles.

People's consent was sought in relation to their care and support. However there was little evidence to show how people had been involved in the development and review of their care plans.

Staff understood people's rights in relation to the Mental Capacity Act and consent issues.

Is the service caring?

Good

The service was caring.

People were unanimous in their praise of the caring attitude of staff.

People were treated with dignity and respect and staff encouraged
independence and individuality.

Is the service responsive?

Good

The service was responsive.

The service was responsive and met people's changing needs.

Care records were person-centred and people were supported to engage in their chosen activities and try new activities.

A complaints policy was in place and people told us they would tell staff if they were unhappy about anything.

Is the service well-led?

Good

The service was well led

There was a clear ethos and a commitment to continuous review and development of the service.

Systems were in place to audit the quality and safety of the service.

People told us they would recommend the service to others.

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.

This inspection took place on 26 February when we spoke to people on the telephone and 7 March 2018 when we visited the office. This was the first inspection of this service since its registration at a new location in June 2017. We announced the inspection to make sure the registered manager would be available when we visited the office and so that people who used the service and their relatives could have notice of us contacting them by telephone.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience spoke on the telephone with relatives of eight people who used the service. We spoke with relatives because many of the people who used the service were under the age of eighteen or were not able to tell us about their experience of the service verbally. During the visit to the office, the inspector met two people who used the service, the registered manager, the care co-ordinator, two assistant care co-ordinators and two support workers.

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 the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We looked at three people's care records in detail, three staff recruitment files, the training matrix as well as records relating to the management of the service. We also saw the activity room and the sensory room located at the office premises.

Good

Is the service safe?

Our findings

We asked people if they thought their relatives received safe care and support. They were unanimous in their positive responses. These are some of the things they told us: "Yes, (relative) is (safe), the service always reports any incidents, they don't hide anything, I have no concerns that I don't get the full truth, the manager will also call." "Yes,(person) is, absolutely safe", "Yes, I do feel that (person) is safe, because, (person) goes out with people who understand (them) and know (their) needs. (Person) can be difficult and hit out; they manage (them) well." "Yes, staff pick (person) up a couple of days a week, they are very careful with (them). They always check (their) wheelchair belt is fastened and such, they are very precise."

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed anything that could put people at risk. They said they would report anything straight away to the office staff or the registered manager and would take it further if they felt it necessary. For example, they would contact the local authority safeguarding or would contact higher managers within the company. We saw staff had received training in this subject.

Records we saw showed that safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

The service co-ordinator told us they did not offer service to any new people unless they were confident there were staff available to provide the care and support needed at the times the person needed it. One person told us their relative had enough staff to keep them safe. They said staff changed, but the person supporting their relative at home "is always the same person". Another relative said, "There have been a few changes over the years, I know who to expect, I know who they are, new staff are introduced to(name)."

We checked the recruitment records of three members of staff and saw that the appropriate documentation was completed and pre-employment checks were carried out. This meant that the registered manager ensured staff were suitable to work with vulnerable adults.

The registered manager and care co-ordinator told us how staff were matched to people who used the service. Relatives we spoke with confirmed this. One person said, "The service is trying (person) out with male members of staff, because (person) is getting bigger." "(Name) is always well matched with staff, they just get (them)."

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's care files included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. A relative we spoke with said, "Activities are risked assessed. (Person) has enough staff to keep (them) safe 1:1 or 2:1 depending on the activity." Another person told us the service knew what the risks were for their relative.

We saw care plans and risk assessments were in place for positive support of people who might display

behaviours that challenged the service. For example one person's care records gave clear detail of what might trigger their behaviour, prevention strategies, de-escalation techniques and positive support and praise for the person.

All of the risk assessments we looked at, which were contained within people's care records, were up to date and had been recently reviewed. The risk assessments had clear detailed instructions for staff to follow. For example, where the risk included use of equipment such as hoists or wheelchairs, the risk assessment included photographs to help staff understand how the equipment should be used safely.

Environmental risk assessments were in place when care was delivered in the person's home and working practices such as driving the vehicles had also been risk assessed.

This meant systems were in place to promote the safety of people who used the service and staff.

Accident and incident report forms were completed by staff. We saw statements were taken from staff who had witnessed the incident and that body maps were completed to record any injuries. Incidents were then reviewed by the registered manager.

None of the people we spoke with needed the service to support their relative with medication. However we looked at MAR (Medication Administration Records) for people who staff did support. We saw these were completed appropriately. The registered manager told us medication was rarely used when supporting people in the community but did tell us how, where appropriate, they made sure carers provided staff with medicines for treating seizures whilst supporting people in the community. They gave us an example of when the parent of a person had not provided their medicine and the service had to decline taking the person to their activity. The registered manager told us MAR charts were always carried in the vehicles so that staff could record any medication given whilst out on an activity.

Care plans included details of the medicines people took and any possible side effects. We discussed with the registered manager how including information about what the medicine was taken for and having protocols in place for the administration of 'As required' (PRN) medicines would enhance the already safe systems in place.

The registered manager told us about how the service was reviewed within staff meetings to identify where they might learn from what has happened, positively and negatively so that lessons could be learned and improve the service provided to people.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to carry out their role and meet each individual's support needs. New staff completed an induction programme particular to the service and the registered manager told us they were working toward enrolling new staff on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. We found the service's own induction to be a list of over sixty subject areas, signed as delivered in one day with only an overall signature of delivery and receipt. The registered manager agreed this was not an effective induction procedure and told us they would look to address this.

The training matrix showed staff had completed training to make sure their skills and competencies were maintained. Training was delivered either face to face by the providers own trainers or through on-line training. The registered manager told us two of the services staff had recently completed training to enable them to train staff in moving and handling. They told us this was advantageous as the training delivered could be specific to the needs of people who used the service. A new training room was available for group training in the new premises.

Staff told us, and we saw documentation to confirm, that staff's competencies were checked by senior staff to make sure they were working safely and in line with their training.

Staff we spoke us told us they found the training they received helpful and said their understanding of training they had received was checked during regular supervision with their manager. We saw contracts for supervision arrangements were in place which aimed for all staff to have supervision on a twelve weekly basis. The registered manager told us they were having some difficulty with this as many staff only worked at the weekend when they were out on activities with people. They told us they were looking at going out to meet with staff rather than asking them to attend the office to make sure the supervision contract was adhered to.

People we spoke with felt staff were well trained to support their relatives. One person whose relative needed a hoist told us, "Staff seem confident and trained to use hoists." Another person said, "They are definitely well trained, not too young or immature; they engage well, they are lovely, very friendly."

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 registered manager told us the service had not needed to make any applications to

the Court of Protection.

We saw mental capacity assessments had been completed and 'Best Interest' decision meetings had taken place as required. One member of staff we spoke with demonstrating an understanding of the principles of the MCA and told how they recognised people's rights to make what could be considered unwise decisions.

A relative told us, "Staff ask for consent before delivering care, (person) can say "No" if (person) does not want to comply."

People's consent to care plans and other care records was recorded on a page within the care file. However, we discussed with the registered manager how, because this page was separate to the documents, we could not be sure the consent related to the documents currently in place.

We saw people's nutrition and hydration needs were detailed in their care plan, if they required support from care workers. There was clear information about any particular likes and dislikes and how they needed to be supported. Where people received nutrition through gastrostomy tubes (a tube fitted directly into a person's stomach) staff had received the training they needed to support people with this.

We saw the care plans had details of healthcare professionals who were involved with people who used the service. Although people's families dealt with managing people's healthcare needs, a member of staff told us they would respond to emergencies and would tell people's family and the registered manager if they had any concerns about a person's health and wellbeing. A relative told us, "They are very good and vigilant with (person's) healthcare needs."

Good

Is the service caring?

Our findings

People we spoke with were unanimous in their praise for the care and support staff provided to their relatives. One person told us: "Yes, really good staff. They do not employ anyone under the age of eighteen; staff are well trained, bubbly and knowledgeable." Another said, "I have never had any issues, I sing their praises, they listen, and trust is really important."

People also told us about how they felt their relative's privacy and dignity needs were met. When we asked one person if staff showed their relative respect and maintained their dignity they said,
"Of course they do." People told us when their relative displayed behaviours that challenged, staff responded to this in "a positive manner" making sure the person's privacy and dignity needs were respected.

We saw documentation in relation to staff having reported how a person's dignity had been compromised by a lack of appropriate facilities in an educational establishment they attended. The registered manager had worked with the establishment to ensure facilities were provided to meet the person's needs and protect their dignity. The person's social worker told the service, "You have gone over and beyond what a lot of providers would do."

All of the staff we spoke with demonstrated a caring and positive attitude. One support worker told us, "It doesn't feel like work, it is my role to support and encourage people to be the best they could be and encourage their independence."

Dignity and respect were included in people's care plans and we saw staff signed confidentiality agreements.

Although we did not see evidence of people being involved in the development of care plans within documentation, some relatives told about how they had been. One person told us the service had put a pack together about supporting their relative. They told us, "Each carer reads the pack; they take it all on board and ask questions they are just fantastic. They seem to genuinely care, they have empathy and maturity."

The care co-ordinator told us that each person who used the service had their own support worker or team of support workers to ensure consistency and familiarity. People we spoke with confirmed this happened in practice. We saw people's care plans included photographs of their support workers.

People told us about how support staff had been matched to their relative. One person told us about how their relative was always supported by a female because this was their preference. The registered manager told us that for people they supported whose first language was not English; support workers were available who spoke the same language as the person.

People told us about how staff supported their relative in promoting their independence. One person told us

staff did this by supporting their relative in "making choices and accessing the community". Another gave the example of their relative having their own wallet, and being supported to become familiar with coins by paying for items. They said this was included in the person's care plan.

We saw feedback from one person's social worker about the care provided by the service. The social worker said, "It's made a massive difference to (person's) life. Mum and Dad have struggled for years with (person's) challenging behaviour. Through the care and support that has been given and how much (person) enjoys going out with their support worker, it has calmed (person's) behaviour."

Good

Is the service responsive?

Our findings

The service coordinator told us about how they or the registered manager would assess the needs of people before offering a support package. They told us they needed to make sure they had the staff available, with the skills required to meet the person's needs. We discussed how this initial assessment should be recorded and included in people's care plans.

Care records such as assessments and care plans had been developed with a person centred approach and gave clear details about people's support needs and how staff should meet these. Care plans were headed with 'What you need to know about me' and 'Things that are important to me' and were written from the view of the person concerned. Care plans covered physical needs, health and emotional needs and identified behaviours the person might display to demonstrate they were feeling unwell, sad, worried and happy. Care plans and risk assessments included some pictures to assist in people's understanding.

Care plans were developed by the care coordinator and assistant coordinator but support staff told us they had input and would make suggestions for review of the care plan if they found the person's needs had changed or if additional information was needed.

However, we noted that one of the care plans did not include any reference to the person undertaking higher education which staff supported them to attend. As this was a large part of the person's life, we discussed with the registered manager the importance of its inclusion in the care plan.

We noted that daily records of the support given to people were not always person centred and more a list of tasks completed by staff.

For people who received care at home, there were care plans in place detailing the support the person needed at each visit.

The registered manager told us care plans were reviewed on an annual basis or more often if a person's support needs changed. However, we did not see any records relating to this. Most of the people we spoke with told us they had been involved in their relatives care plan review. One person gave an example of how their relative's care plan had been reviewed in response to their changing behaviour and another told us about how their relatives risk assessment had been reviewed when they received a new wheelchair.

People told us that a copy of the care plan was available in the person's home and confirmed staff read and referred to them regularly. One person told us, "Carers always read the care plan before working with (name)."

People had choice of activities they wanted to be involved in. The registered manager explained how, for group outings people took turns in choosing the venue. They explained that they tried to use venues where people had choice of more than one activity. For example, swimming, bowling and trampolining might all be available at the same venue. The registered manager explained how people were supported to try new

activities. They gave an example of a person who had been discouraged from a certain activity by their family because they worried their relative might be at risk of injury. Staff supported the person to do the activity and sent videos and photographs to their relative to reassure them.

People told us about a wide range of activities their relatives had taken part in. This included swimming, cinema, park, jet ski, trampolining, snow tubing, the zoo and wheelchair rock climbing. Relatives also told about how people enjoyed mixing with other people who used the service. One relative told us, "(Person) enjoys company, it's important to (them)."

A relative told us, "The service is a lifeline for the family, (name) is able to broaden (their) horizons and practice (their) skills, (person) is really trying hard to practice (their) skills in the community."

We saw the complaints procedure was available in an easy read format. This was given to people when they started using the service. People we spoke with told us they knew what to do if they needed to make a complaint. One person told us how the service had reacted promptly to resolve a concern they had. We saw evidence of how the complaints policy had been followed.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. They had been registered with the Care Quality Commission as manager of the service prior to its move to the current premises.

The registered manager was present during the inspection and assisted us throughout. They had good knowledge of all the people who used the service and were able to answer all our questions.

All of the people we spoke with were very positive about the registered manager and other members of the office staff. They told us: "The manager is very good everything is fine". "She is amazing, I love her". "They are always very helpful and always get back to you, they take on board your views and work together" and "they are lovely people"

A member of support staff told us, "She's the best manager I've ever had."

The registered manager showed us their continuous improvement plan which was a working document for recording any issues identified through self-auditing or audit through outside agencies such as the local authority or CQC. A quality contracts officer from the local authority shared the results of their recent site review with us. The site review showed how the registered manager had responded to any issues raised at previous reviews. The quality contracts manager told us, "I have always found the manager to be very accommodating and any gaps that have been identified in the past she has worked hard to rectify."

The registered manager told us of their plans for promoting the facilities at the new premises including an open day. They also told us about a huge response to their recently developed social media page which had already been viewed by almost seven thousand people.

Staff meetings took place and we saw minutes of these meetings. Staff we spoke with told us these meetings were used to inform staff of any changes or developments and also for staff to raise any issues or discuss suggestions they might have. We saw an example of how the registered manager was pro-active in responding to suggestions from staff as they were speaking with higher management about staff's suggestion of provision of polo shirts to wear when out on group activities.

We saw the service used a range of quality monitoring tools to audit all aspects of safety and quality within the service. This included a manager's monthly report. We saw these audits were robust with issues identified added to the continuous improvement plan. An example of an issue the registered manager was working on was sourcing training for staff in sign language as this had been identified as something that would improve the service.

Audits included checks on care documentation, staff training, health and safety and a review of any accidents or incidents to identify any themes or patterns.

The registered manager was able to produce all the records we asked for and was able to direct us to the

ones we wanted to look at. However we found the systems for filing of records difficult to navigate and suggested ways in which they could be separated out for easier reference.

We saw questionnaires sent to people who used the service, their relatives and people involved with the service included a section for people to give ideas for improvements to the service. Relatives we spoke with confirmed they had received these and we saw those returned to the service were very positive.

People we spoke with were unanimous in their praise of the service. They told us it was run efficiently and several people told us it had changed their relative's lives and said they would recommend it to other people.