

Mayfield Fellowship

Mayfield Court

Inspection report

Mayfield Court
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out on 19 and 22 July 2016. The first day of the inspection was unannounced.

Mayfield Court is registered to provide accommodation and support for up to 35 people. At the time of our inspection 33 people were living there. The home provides support for people who have a physical disability. Some of the people living there also have additional needs for support due to a learning disability or the fact they are living with dementia.

The home 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.

During the inspection we met a number of the people living at Mayfield and spoke with twelve of them and relatives of two people who live or lived there. We also looked around the premises and spoke with ten members of staff who held different roles in the home. This included speaking with the registered manager.

We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

Everybody we spoke with was positive about the home and the support it provided. Comments from people living there included, "A good opportunity. There's always someone around 24/7. It's one of the best homes you could get." "It's the best place for anyone with disabilities," And "It's a wonderful place – nothing is too much trouble." A relative said, "It's like a big family house. A happy place."

The home consistently engaged with and worked in partnership with the people who lived there and the fact that it was their home was consistently respected by staff. People were confident that their views were always listened to and acted upon by the manager and the staff team. One person told us, "They listen" and another person said, "We talk it through."

The views of people living at the home were central to systems for checking the quality of the service and planning improvements. For example people had been actively involved in choosing décor, recruiting new staff and agreeing changes to the way meals were managed. A residents committee provided a forum for people to express their views and this was backed up by individual discussion with people and a series of questionnaires. People living at the home were well informed about how their home operated via the residents committee, newsletters and notices displayed in the foyer. Information was consistently given to people about how their views had shaped decisions made regarding the running of the home and discussions about decisions were open and transparent between the people living there and the management team.

People living at Mayfield felt safe and were well informed about safeguarding adult's procedures. They were

very confident any concerns they raised would be listened to and addressed.

Complaints were taken seriously, thoroughly investigated and lessons learnt from them.

People received the support they needed to manage their medication and their health. This support was discussed and agreed with the person or their representative and was provided in a way that maximised their independence and choices.

Individual care plans were written with and agreed with the person or their representative wherever possible. They provided clear guidance for staff to follow and were reviewed continually as people's support needs or lifestyles changed. People were fully aware of the contents of their care plan and regularly had the opportunity to discuss this with staff.

People told us that they were supported and given advice about decisions they needed to make but that staff were always aware that they had the right to make the final decisions themselves. Staff had a good awareness of their role in supporting people to make decisions while respecting the person's rights. Different methods of communication and care planning were used to enable people to communicate their choices and the decisions they had made. Where people lacked capacity to make decisions their legal rights had been protected and staff knew how to support them safely. Staff worked in partnership with other agencies to support people who had complex decisions to make and lacked the ability to do so.

The home was managed by an experienced, knowledgeable and motivated registered manager who worked in partnership with the people living there, put their views, choices and needs central to operating the home and provided a good role model for staff.

The building was a clean, safe and pleasant place for people to live. It provided equipment and space to support people with their personal care and mobility needs and increase their independence.

There were enough staff working at the home to meet people's needs and spend time interacting with them. Staff knew the people they supported well. They had a person centred approach to their role and worked in partnership with the people living there to ensure people got the support they needed in a way they preferred. This was backed up with support from the management team and continual training which increased staff skills.

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 said Mayfield was a safe place to live. People living there and staff knew how to report any safeguarding concerns that had and were confident to do so.

Medication was managed safely.

Sufficient staff were employed to meet people's needs and choices.

Recruitment procedures were robust and included the views of people living at the home, this helped to ensure the suitability of staff to work there.

The premises were safe and systems were in place for dealing with any emergencies that arose

Is the service effective?

Outstanding ☆

The service was consistently effective.

People were supported by staff who were very knowledgeable and received training and support to enable them to support people well.

People were always supported to make decisions for themselves and procedures for ensuring people were not unduly deprived of their liberty had been followed.

People always received the support they needed with their health.

People enjoyed a choice of meals that met their needs and choices.

The building was designed and decorated in a way that supported people with their physical needs and met their choices.

Is the service caring?

Good ●

The service was caring.

The home worked in partnership with the people living there and listened to, respected and acted on their point of view.

People living at Mayfield were confident they were listened to and that they were supported to maintain and increase their independence.

Staff knew people well and had a person centred approach to supporting them.

A number of systems were in place for informing people about how their home operated and gaining their point of view.

Is the service responsive?

Good ●

The service was responsive.

The home worked in partnership with people to identify their support needs and plan how to meet these.

Staff knew people's support needs and their choices well and took a person centred approach to supporting people as individuals.

People living at the home were able to take part in a variety of activities on both an individual and group basis as they chose.

A robust system was in place for listening to and responding to any concerns or complaints that people had.

Is the service well-led?

Outstanding ☆

The service was very well led.

The home had an experienced, motivated and knowledgeable registered manager in place who knew people well and took a person centred approach to how the home operated on every level.

The quality of the service was continually reviewed to help drive further improvements to the support people received. Quality assurance systems were robust and action was swiftly taken to implement improvements identified.

The views of people living at the home were always central to how the home was managed and in planning future improvements.

Mayfield Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an Adult Social Care inspector and took place over two days on 19 and 22 July 2016. The first day of the inspection was unannounced. Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in September 2013.

Before the inspection, 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. We used this information to help us plan our inspection and took it into consideration in writing this report.

During the inspection we spoke with 12 of the people living at Mayfield Court. This included holding a meeting with eight people and speaking to a further four people individually.

Some of the people we spoke with were members of the Residents Committee within the home. In addition we spoke with 10 members of staff who held different roles, and with relatives of two people who live or had lived at Mayfield.

We spent time observing the day to day care and support provided to people. We looked at a range of records including medication records, care records for four of the people living there and recruitment and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Is the service safe?

Our findings

We asked the people living at Mayfield if they felt safe there and they told us that they did. One person told us if they did not feel safe, "I would speak to the manager she would sort it." Another person told us that that staff had helped set their bedroom up in a way that kept them safe whilst still being decorated and furnished to meet their lifestyle and choices.

Staff had undertaken training in safeguarding adults and had a good knowledge of safeguarding and how to report any concerns they had. One member of staff stated, "Anything I wasn't happy with I would report." They also knew about the home's whistle blowing policy. Whistle blowing supports staff who report something they think is wrong in the work place that is in the public interest.

Staff had undertaken training in safeguarding adults and a policy to guide staff on the actions to take was available along with information about the local authorities safeguarding procedures. Minutes showed that the manager attended meetings of the local safeguarding board to ensure her knowledge was up to date.

One safeguarding referral had been made by the home in 2016. Records showed that the manager had been asked to carry out an internal investigation and had taken robust action as a result. Any accidents or incidents that occurred in the home had been risk assessed to check whether a safeguarding referral should be made. For example records of a fall one person had showed that a referral was not needed as an agreed risk assessment and care plan were already in place for their risk of falls.

Information about safeguarding was made available to people living at the home via meetings and via information on a notice board. This meant that people living at the home knew about safeguarding and could access information independently if they wished to.

CCTV was set up in communal parts of the home and within the grounds. Signs to inform people living there, staff and visitors were clearly displayed.

We looked at the arrangements for ordering, storage, administration and disposal of medicines. Individual medication cabinets were located in all bedrooms and we saw that people's medication was managed on an individual basis. We spoke to one person who showed us that they received their medication for the week and explained, "I sign for it and then I am in control." A second person told us that they had their medication in their cabinet but it was administered by staff. They said, "I am happy with that," and explained they worried they would not remember to take them. Records for a third person showed that their medication was currently being stored and managed centrally as this was the best way to meet their needs.

A locked room for storing additional medication was available within the home. We saw that medication including controlled drugs was stored safely and that room and fridge temperatures were recorded to check that medication was stored within recommended guidelines.

Clear systems were in place for ordering, storing and returning unused medication. Policies, procedures and

guidelines were located in the medication room to guide staff on how to manage medication safely. We looked at a sample of medication and medication administration sheets. These included some drugs that were prescribed to be taken at variable doses or at different days of the week. We found that stocks tallied with the amount recorded on the MAR sheet. This showed us that people received their medication as prescribed.

Staff who managed medication had undertaken training, and competency checks had been carried out to check they had the skills and knowledge to do this safely.

Accidents and incidents that occurred in the home were reviewed and audited by the manager. This helped to establish if any patterns emerged that could be addressed to reduce future incidents. Where a risk assessment had indicated improvements could be made, the manager had put an action plan in place and addressed these.

Staff had a good knowledge of how to deal with accidents or incidents that may occur including the fire alarm sounding or health emergencies. They also knew the location of first aid boxes and fire equipment. A qualified first aider was on duty for all shifts and their name was listed daily on a board in the entrance to the home.

A member of staff had responsibility for monitoring fire procedures and equipment within the home. Clear evacuation plans were in place with fire zones clearly identified. Individual fire evacuation plans were in place for people living at the home. A copy was located in their bedroom as well as in the office and people who lived at the home were aware of these.

Contracts were in place for maintaining the safety of the building. External companies had carried out a fire risk assessment of the home in April 2016 and a contract was in place for monitoring the risks of Legionella. Regular checks on the safety of the building and equipment were carried out by staff. This included checks of bed rails, call alarms and equipment. Small electrical appliances had been tested and checks carried out on the gas and electrical supplies.

People living at the home told us there were enough staff available to support them and said they always received a quick response to requests for help. This was reiterated by staff who told us they were satisfied with staffing levels at the home. One member of staff told us the staffing levels were "good" and said it meant they could spend time with people interacting as well as meeting their support needs.

Rotas showed that there was always a senior member of care staff working at the home. In addition there were six care staff in a morning, five during the afternoon and two at night. The registered manager worked five days a week and a senior care manager also worked five days per week providing additional management cover. Housekeeping and kitchen staff provided their services seven days a week and two volunteers regularly worked at the home. The manager told us that there was flexibility within the rota and if for any reasons staffing levels needed to be increased then she would be able to make this decision.

During the two days of our inspection we saw that there were sufficient staff to support people both with their physical support needs and also in spending time listening to them and supporting them with activities. It was apparent in our discussion with people that staff had time to meet their physical, emotional and social needs.

Recruitment records showed that prior to commencing work at the home staff had been interviewed and a series of checks had been carried out on them. This included obtaining references and a Disclosure and

Barring Service (DBS) check. Written references had then been followed up with a phone call to check the information given.

A risk assessment was used to determine whether it would be safe to employ a person if they had a conviction on their DBS disclosure.

In addition to being interviewed by senior staff, potential staff were interviewed by a group of people living at the home. Following this they met with the manager and their input was taken into account in making the decision on whom to recruit. We spoke to two members of staff who had been through the interview process. They told us that they had found the interview with people living at the home particularly valuable as it had given them an insight into how the home operated.

We also spoke to some of the people living at the home who had interviewed potential staff. One person explained, "We do a group interview – get to know them. We make a decision and talk it through with manager – she listens." People told us that this process was meaningful to them as it gave them the opportunity to assess whether the candidate communicated well and had the skills to support them. The robust recruitment checks and interview process followed at the home helped to ensure that new staff were suitable to work with people who may be vulnerable.

Is the service effective?

Our findings

We asked some of the people living at Mayfield if they thought staff had the knowledge and skills to support them. Their responses included, "Brilliant. They get to know you. A real asset to the place." "They are genuine you can take them at face value." "Carers need a sense of humour and they definitely have that," and "They definitely have patience."

People told us that they had received the support they needed with their physical and mental health. Their comments included, "They check my pressure areas. If any problems they bring the district nurses in."; "I go to the dentist. One comes here too. A chiropodist comes as well." and "They are really good at getting the doctors out."

Staff told us that they had access to plenty of training and said that they would request any further training they needed. One member of staff explained, "The option is there, we can ask. (The manager) always says you only have to ask." Comments we received from people living at Mayfield about the training provided for staff included, "They are always training on disabilities," and "They are well trained."

All of the care staff working at Mayfield had achieved a national vocational qualification in care (NVQ). A senior member of staff explained that any new staff employed were expected to hold an NVQ at level 2 or above.

A training plan was set for the home each year and we looked at the plans covering the period 2015 – 2017. We cross referenced these with records of training staff had undertaken and found that planned training had taken place. Staff had undertaken training in a wide variety of areas. This had included health and safety topics including moving and handling, hygiene, fire and first aid. Staff had also undertaken training in supporting people with their personal care and health including bed rail safety, medication, using PEG tubes and support with continence. Training had also taken place on care planning, core values and standards of care. Training planned for 2016-2017 covered 25 topics.

Staff told us that when someone living at the home had a particular support need that they were not familiar with then training was organised for them to enable them to understand the persons needs and provide the support they required. We saw that staff had undertaken training about Huntington's Disease. Training about working with people who had a learning disability and had developed dementia had been arranged to meet the changing needs of people who lived there.

In our observations and discussions with staff we found them knowledgeable about the needs of people living at the home and we found that they had a very person-centred approach when talking with or about people and when supporting them. This showed us staff had received the training and support they needed to carry out their role to a high standard.

Staff told us that they had regular supervision and a yearly appraisal from a senior member of staff and records confirmed this. We saw that a senior member of staff met with staff once a year to set goals for the

forthcoming twelve months. A series of supervisions then took place to discuss how the person was operating in their role, any support they needed or areas they could improve on and any training needs they had.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We found that they were.

People living at Mayfield had been assessed to establish whether they needed the protection of a DoLS. We saw that DoLS applications had been made for people where needed and that these were monitored to ensure an application for renewal was made in a timely manner. Where people had a DoLS agreed staff were aware of this and aware of how it may affect the support they provided to the person. Information about their DoLS was also recorded in people's care plans to provide further advice and guidance for staff.

Staff had a good understanding of people's right to make decisions for themselves and how to support people to make a decision. We asked one member of the care staff what they would do if somebody living at the home wanted to do something they considered unwise. They told us that if the person had capacity to make the decision then, "I am in no position to tell them what to do, but I would tell them my concerns."

People living at Mayfield confirmed that they made decisions for themselves and this was respected by staff. One person told us that staff had supported them to gain control of their finances. Discussion with the manager and records showed it this had involved a lot of work with other professionals in order for the person to gain their independence in this matter.

Care plans had been signed by the person to consent to the contents and the consent form advised them that they could withdraw their consent at any time and that staff may involve other professionals in the care plan. This is good practice as it ensures people are aware of who may be involved with or may access their plan. Records for people who lacked capacity to consent to their plan listed who had been involved in making decisions. The plan also recorded whether a DoLS was in place and made it clear who had the legal right to make decisions in the person's best interests.

People living at Mayfield told us that they had received the support they had needed to manage and improve their physical and mental health. One person said, "Staff are fantastic. I would be stuck in a wheelchair if it wasn't for them. They helped me with my physio." Another person told us, "I had a lot of health problems. If I did not have the staff and manager to look after me I would not have coped." A third person explained to us that staff regularly helped them to maintain their mental health by recognising when they did not feel as well as usual and talking with them about it. Two of the people we spoke with told us that staff helped monitor their skin to check for pressure areas breaking down. They explained staff told them the condition of their skin and together they came up with a plan if there were any concerns.

In discussions with staff who held different roles within the home we found that they had a good knowledge of their role in supporting people with their health. For example the cook knew who had a special diet and how to cater for these. Similarly laundry staff knew who had an allergy and used separate soap powder to wash their laundry.

Systems and records were in place to help people monitor their health including fluid balance charts and ensuring people who needed it had regular bed rest. People had been supported to be weighed regularly and the home had a set of scales suited for people in a wheelchair to use.

Where additional monitoring was requested by a health professional, staff carried out and recorded this. For example we saw that records of one person's food intake had been maintained and that the person had been supported to gradually increase their weight and the range of foods they ate.

Care records showed that people received support to make and attend appointments with health professionals including the GP, district nurse, hospital appointments and appointments for regular health checks.

People told us that they liked the meals at Mayfield and always had a choice. Their comments included, "There's a menu you choose what you like. The cook goes around and asks."; "Excellent –you choose," and "They are always nice, if you don't like it you can change it."

The kitchen at Mayfield had been awarded a five star rating in January 2016 by the Food Standards Agency. This is the highest rating for hygiene standards in establishments providing food.

People living at Mayfield told us the cook spoke with them regularly to check they were getting the meals they liked and needed and to discuss any changes to menus they would like made. This was confirmed when we spoke with the cook who had a good knowledge of the different diets and meals people required. Special diets catered for in the home included diabetic, blended meals, fortified meals and one person who did not eat certain types of meat. A separate file was available in the kitchen giving advice on each type of diet.

A large menu in the dining room advertised the day's menu in picture format. We were told by one of the people living at the home that they had suggested the use of pictures for meal times to help people who could not read and this suggestion had been implemented by staff. A barbeque lunch was advertised on the first day of the inspection. We observed part of this which took place in the garden. The meal looked appetising with meat being freshly cooked and salads available. The manager told us that recently they had observed meal times being chaotic so they now had two sittings so that people who required support could receive this more easily. Minutes from a residents meeting confirmed that this had been discussed and agreed by people living there. It had also been highlighted in the newsletter to inform people of the reasons why this decision had been made. People had been able to discuss which sitting they would prefer to attend.

Mayfield Court is a purpose built single story building. A car park is available at the front of the home with two enclosed gardens with seating at the back. All bedrooms were for single occupancy, however the manager told us that if a couple wished to share a bedroom this could be accommodated and a second room would be available for them to use as they chose.

Some bedrooms were large rooms known as 'flats' which contained a bathroom, a sitting area and kitchen facilities to suit the needs of the person. Other bedrooms ranged in size and included nine rooms with en-

suite facilities.

There were a number of shower and toilet facilities available. Communal space included a large dining room, a lounge, a seating area and a space known as 'The Gallery' which had double doors opening onto an enclosed garden. The lounge had a big screen TV and could be used as a cinema room.

All parts of the home were clean, tidy and nicely presented. Chairs and settees in living areas had a domestic appearance and were suitable for the people living there. Different areas of the home were decorated in different colour schemes, which helped to give a more homely feeling.

A decorating committee had been set up to enable people living at the home to plan and influence how their home was designed and decorated. People told us that they had been completely involved in planning changes to their environment. They explained they had chosen the colour scheme and furniture for their rooms and for communal areas. Records confirmed that people had been given a choice of décor and their choice had been followed, this included supporting one person who changed their mind after decoration had taken place. Where the person was not able to directly choose their decor their families had been consulted.

All areas of the building were accessible for people who used a wheelchair or had mobility difficulties. Call bells were located through the home, and bedrooms and outside doors were fitted with low level buttons so people sitting in a wheelchair could operate them independently. Equipment available to support people with their mobility and personal care included specialist beds, ceiling hoists and accessible showering facilities including a full size pull down 'bed' in the shower room. One of the people living at the home told us they preferred to use this room as it meant staff could help them monitor their skin for potential pressures sores.

Records showed that new adaptations had been made to the home to meet people's needs. For example a low level access button had been fitted to an external garden door after one person had commented they found it difficult to get back in without staff support. Similarly changes had been made to enable people to gain access into the home when they had been out without waiting for staff support.

Is the service caring?

Our findings

We asked some of the people living at Mayfield their opinion of the home and received a number of positive responses. Comments people made included, "Any other home could take a lesson from this place." "I like it here, I like the staff." "I would definitely recommend this place." "It's the best place for anyone with disabilities," and "It's a wonderful place – nothing is too much trouble."

Staff had a very good knowledge of the people they supported and how they communicated. For example a member of the care team told us that one person communicated using their facial expressions. They explained that if the person appeared unhappy or in pain "you have to empathise" and that they went through a process with the person to try and establish what was causing this and then took action to rectify it. A second member of staff explained, "You get to know them as people, how they communicate."

A visiting carer told us, "It's like a big family, more than a home. Staff are attentive, approachable." A visiting relative said, "It's a really nice place. Staff know (relative) really well."

We asked several of the people living at Mayfield who made decisions about their care and choices in their life and they all told us that they did. One person told us staff had supported them to gain control of their own money and that they had been very pleased with this as it gave them more control over their own life.

The home had a well-established residents committee who met with the manager regularly. We spoke to a member of the committee who told us, "We all get together, service users and manager we go over the last month. We put our views across and talk it through- anything staffing, what's going on." Another person who had been on the residents committee for many years told us, "They did listen and act on what was said."

Minutes of the meetings showed that a variety of subjects had been discussed. This included activities, decoration, staffing, what dignity in care meant, informing people that an inspection may occur soon and a discussion around advocacy and safeguarding. A garden committee had recently been set up and minutes of a resident meeting showed that a discussion had been held and people had agreed who should chair this committee.

Quarterly newsletters were produced by a member of the residents committee. These were informative and contained a welcome to new people moving into or coming to work at the home, details of staff who were leaving and activities that had taken place or were planned. It also contained information on any agreed changes within the home such as mealtimes.

A notice board in the home advertised that one of the people living at the home was a nominated 'buddy' for anybody moving into the home. Their role was to help new people settle in. Information about local advocacy services, and an easy read poster containing information about Dignity in Care were also displayed.

A second notice board contained photographs of activities and the statement, 'Our residents do not live in

our workplace we work in their home." One of the people living in the home told us this statement was true and that in their opinion staff followed it. Alongside this was a piece of artwork designed by people living at Mayfield to reflect their views of their home. This stated, 'We are unique and beautiful and together we are a masterpiece,' along with the words, care, friendly, support, family and happiness. This confirmed to us that the views people had expressed during the inspection were the views they had held about their home for some time.

The home had a policy in place for supporting people who were reaching the end of their life. This stated, 'If the resident and family wish they may stay at Mayfield Court during this period.' We spoke with the relative of a person who had received end of life care from the home and they told us that staff had been very supportive. An extra bed had been put into the bedroom for the last two weeks the person received care so their relative could stay with them. We saw that a care plan had been put into place listing the wishes of the person and their family. This contained information on the care they needed along with support from other professionals and information on how to ensure the person remained comfortable and their dignity was maintained.

Where people had a DoLS in place guidance was available within their care plan to advise staff on the actions to take in the event that the person died suddenly. A discussion had taken place at a residents meeting in September 2015 about the importance of making end of life plans and the minutes recorded that staff would discuss this with people individually. We saw that people had also been given the opportunity to record in their plan their wishes should they need end of life care or in the event of their death.

The newsletter remembered people who had lived or worked at the home who had passed away, along with a short paragraph celebrating the things the person had liked and would be remembered for. Minutes of a residents meeting showed that people had been offered support to attend the funeral of someone who had lived at the home. They also showed that people living there had requested a rose bush be planted in memory of the person and that they wished to hold a party to celebrate the person's life. The manager confirmed that this had been arranged.

The open and honest discussions staff held with people regarding death and end of life care provided reassurance to people that they could plan for their future and their wishes would be taken into account.

Is the service responsive?

Our findings

We asked some of the people living at Mayfield if they got a timely response to any requests for support and they told us that they did. We asked how long it took for them to get a response to their call bell, one person explained, "They are quick day or night." other people we spoke with agreed with this.

People living at Mayfield told us that they received good support to engage in activities and hobbies of their choice. Their comments included, "There's lots of activities. We go out where we want to go."; "There's always something going on. "We can go out when we want."; "Outside organisations come in. We have singers, entertainers. Pupils from (a local senior school) come in. We do games, bingo, chair exercises."

People living at Mayfield were supported to maintain and improve their independent living skills as much as possible. One person explained to us, "I do my own salads ... its part of being independent." Another person showed us how they had been supported to manage their own medication. Some of the people living at the home had a large en-suite 'flat' within the building. We saw that these were set up to maximise the independent skills the person had. For example some people had a fridge and washing machine whilst others were able to cook within their flat.

The home responded quickly to any improvements they identified that would benefit the people living there. For example, records showed that following a recent hospital admission the manager had re-written a hospital admission form to ensure people always had the correct information with them. A new tailgate had been fitted to a mini bus once it was discovered that the existing tailgate was not suitable for people in larger wheelchairs.

The call bell system within the home recorded the times a call bell sounded and how long it took to answer. It also recorded whether staff had entered the room to check the person for example during the night. The log of these call times was checked daily by a member of staff who told us they would report any calls that had taken too long to answer to a senior staff member. One person told us, "I get checked twice a night. Others get checked more." We checked a sample of the records and these showed that night time checks had been carried out at the times agreed and bells had been answered in a timely manner.

Throughout our inspection we saw that staff communicated with people at a level they understood and interacted with people with respect. A member of staff told us how they communicated with one person who used their eyes to respond. Records for another person showed that staff had supported them to make a decision by offering a choice and waiting for the person to nod their agreement once their decision was made.

Individual care files were in place for all of the people living at Mayfield. Copies of these were kept in people's bedrooms and we spoke to several people who were aware of the contents of their care plan and had discussed them with staff. One person told us, "This tells people all about me." Another person said, "If there is anything in there I don't like I tell them". People told us that they discussed their care plan contents and any changes to their plan with staff. Where people had been unable to discuss and agree their plan we

saw that their relatives views had been obtained and taken into account in planning the person's care.

Care plans were comprehensive documents that contained clear guidance on how to communicate with the person and gave an overview of who the person was, the things they enjoyed and their lifestyle. This was backed up with information about how the person's support should be provided and any support they needed to monitor their mental or physical health.

We looked at care records relating to four people and saw that they contained a series of assessments and risk assessments, including information on the person's risk of falls, pressure areas, moving and handling needs and nutritional needs. Care plans had been reviewed and altered on an on-going basis as people's support needs or choices changed. A keyworker system operated in the home and the people we spoke with knew who their keyworker was and had input into choosing them.

When we asked staff about how they knew what support people needed they referred us to the care plans. However they also explained that the person themselves may be able to tell you. One member of staff said "They will teach you." We found that the information recorded in care records matched the information staff gave us about the person. We also found that where the person was able to tell us about their support this was identical to the recorded information. This meant that staff had clear, up to date guidance to follow in supporting the person and that the person was involved in planning their care in a way they preferred. Care records also showed that where people could not discuss and agree their care this had been discussed with their relatives to obtain their views.

Three mini-buses were available at Mayfield to help people get out and about. All were suitable for people using a wheelchair. Relatives of people living at Mayfield were able to use one of these vehicles to go out with their relative provided they had the appropriate driving documents.

People told us that staff supported them individually to take part in activities and go places they wanted to. One person said, "I go to church," another person told us that they had been supported to visit a friend. A third person told us that staff had supported them to take part in an activity they had regularly enjoyed before moving into the home, they told us that this support had meant a lot to them. People also told us that in addition to supporting them with their care needs staff spent time interacting with them. One person told us, "They talk, take time to listen."

The current newsletter contained photographs of activities people had enjoyed during April to June 2016. These included a barbeque to celebrate the Queen's birthday along with entertainment, chair based exercises, afternoon tea at a local school, shopping and a trip on the Mersey ferry. It also recorded that some of the people living at the home had recently enjoyed a holiday in Wales. One of the people living at Mayfield also told us that they had enjoyed a holiday aboard supported by the staff team.

A full time activity co-coordinator worked at Mayfield and the people we spoke with told us that they worked with her to plan activities and write the regular newsletter. They said that any suggestions or requests for activities and events they had were listened to and acted upon.

On the first day of our inspection we saw that lunch was a social occasion with people sitting outside and socialising. We saw that staff sat with people and interacted with them as well as providing the support they needed. On the second day of our inspection housekeeping staff were running a bingo session in the gallery. We observed that this was a lively affair with people familiar with and anticipating the banter following numbers being called.

'Textile bags' were hung up in the lounge. These had been made by a volunteer and had small objects sewn to them that made a sound or had a different texture. Staff told us that these were used particularly by people who had a learning disability or were living with dementia as an object to explore and interact with.

We asked people living at Mayfield if they knew how to raise a concern or complaint and would feel confident to do so. Everyone we spoke with told us they would feel confident to raise a concern with a member of the staff team.

One of the people living there explained, "There's a complaints procedure, write it down – go and see a senior – it's sorted there and then. If I was unsure I would tell the manager she would sort it." A second person said they would speak to, "The manager, she would tell them." A relative we spoke with said they would feel at ease raising any concerns they had.

Information on how to make a complaint was clearly displayed on a 'service user' notice board within the home. A complaints policy was available to provide information and guidance on the procedure that would be followed in dealing with a complaint. This included timescales for receiving a response.

Records showed that two complaints had been investigated by the home in 2016. Initial details of the concern had been recorded by which ever member of staff received the information. Following this the manager had carried out a detailed investigation which included discussion with the people involved. Where required the records showed that further action had been taken, for example updating risk assessments, informing relevant authorities or updating care plans.

Feedback on the outcome of the complaint had been given to the person who raised the original concern. This robust approach to dealing with concerns meant that the information gained had been used to improve the quality of the service provided.

Is the service well-led?

Our findings

People living at Mayfield told us that the home worked in partnership with them and said "This is our home, they work in our home – they learn that."

Throughout our inspection we observed that the people living at the home knew how their home operated and were confident that they worked in partnership with the manager and staff to plan how their home operated. People felt well informed and told us that their views were always listened to. One person said, "We come to a compromise." and other people we spoke with agreed telling us, "They listen." People told us that their views were consistently obtained via meetings, committees and individual discussions with the manager and staff.

This had included meaningful involvement in planning changes to the environment, changes to mealtimes and the recruitment of new staff. Any plans or audits of the home consistently took into account the views of the people living there and helped shape practices and decisions. This had included who was recruited for a particular role, how money was invested into the home for example by altering the building or vehicles to meet people's needs and checking the quality of the service met the different needs of people living there.

Everybody we spoke with was positive about the manager and the way the home operated. One person living at the home told us, "Staff and managers do an amazing job. They listen." Another person said, "The manager's door is always open she's always telling us that." And a third person said, "She listens and takes it on-board."

We were impressed with the way in which the home worked in partnership with the people living there. We asked eight of the people who lived there if they felt the consultation staff did with them was meaningful and if their opinions were listened to and taken into account when decisions were made. Everyone responded that they had always found this to be the case. They gave us an example of when they had interviewed two job candidates and had found one better at communicating with them. They discussed this with the manager who had taken this view into account as part of the recruiting process and had used it to make the decision on who to appoint.

We spoke to Liverpool Social Services who told us that they have always found the home to be reliable and to work in partnership with them for the benefit of the people living there. A contract monitoring visit to the home had been carried out by Liverpool Social Services in April 2016 which resulted in the home receiving top marks for complying with the terms of their contract and providing a quality service to people living there.

Mayfield had a registered manager who had been in post for approximately 14 years. The registered manager was also the chief executive of Mayfield Fellowship, the registered charity that ran the home. Mayfield Fellowship was run by a board of trustees who had different skills and knowledge to contribute. For example, the chairman was a solicitor and some members of the board had recently worked in mental

health services. The manager reported directly to the board and they carried out regular audits of the service as well as meeting regularly with the manager and receiving regular quality reports. The manager told us that she found the trustees to be supportive of her role and focused on achieving a quality service for the people living at Mayfield Court.

Mayfield Fellowship hold an annual general meeting each year and we looked at the minutes of this meeting from September 2015. These showed that a number of people living at the home had attended the meeting. Discussion had included a financial report of the Fellowship, a Chairman's report and nominations for Directors. The fact that people living at the home were part of this meeting demonstrated to us that the organisation worked in partnership with the people they supported and valued their opinions.

The management structure at Mayfield consisted of the registered manager, two care managers a quality / office manager and six senior care officers. Care staff told us that they found the management team approachable. One member of staff said, "You can go to anyone, they are very approachable, very pro-active." A duty manager was on call 24 hours a day to provide additional support or advice staff may need.

Staff were positive about the manager and the management team. They told us that the manager was very focused on continually improving the service they provided for people. Their comments included, "She says whatever is in the best interests for the residents," and "If there is anything they don't like (people living at the home) the manager acts on it. She is always trying new things to see what works. She takes the residents' opinions into consideration. She listens to everyone."

We observed that people living at the home and staff knew the manager well and felt very comfortable approaching her. We saw that she spent quality time with people living at the home and took their views and experiences seriously.

We found the registered manager to be very knowledgeable and enthusiastic about her role. It was evident she kept up to date with new practices on care, for example sitting on the local safeguarding board and introducing things discussed there into practice at the home.

Throughout the two days of the inspection we found the registered manager had a very detailed knowledge of the people who lived at Mayfield and their support needs. Alongside that she had a detailed knowledge of how the home was operating and was honest about where areas for improvement had been identified. We were impressed by the fact that the manager had responded immediately by making any improvements identified that would benefit the people living there.

The manager acted as a good role model for staff and we saw that areas for improvement in staff performance were dealt with through supervision or if needed disciplinary processes. Good practice by staff was rewarded via an 'employee of the month' scheme. Minutes of the resident meeting showed that the employee of the month was voted for by people living at the home. This scheme rewarded staff for 'going the extra mile'. It also showed that the views of people living at the home were central to how they operated.

We found that quality assurance systems and checks were central to how the home operated. A quality notice board in the foyer informed the people living there and visitors of how this worked in practice and was updated monthly. Under the heading 'you said – we did' a note informed people that in June 2016 people living there had said they wanted better access to a computer, the home had responded by buying a dongle for them to use. The board also contained some of the comments people had made about the home in June 2016 and informed people that the focus for auditing that month would be on staffing and a new

system for care plans.

A computer tool was in use which updated managers on changes to employment law and sent automatic emails reminding them of when staff supervisions, review of objectives and a Disclosure and Barring service check were due. A member of the management team showed us how this operated and how it ensured these checks and meetings were carried out in a timely manner.

A yearly programme was in place for monthly audits to be carried out by the trustees of the Fellowship. This was linked to the regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the same time as the audit was carried out by a trustee questionnaires were sent to a sample of people living at the home and their relatives. This approach helped to ensure that not only were policies and procedures in place but that they were used in a way that impacted positively on people living at the home. We looked at audits carried out on infection control and the need for consent / person centred care. On both occasions these had included obtaining the views of people living at the home and their relatives.

A weekly operational care and service delivery audit was also carried out and reported to the trustees. We looked at a sample of these and saw that they included daily auditing and quality checking of how the home operated in practice. One audit had included, checking care plans and risk assessments, talking with people living at the home, their relatives and staff, observing the evening meal, checking training staff had undertaken and checking parts of the environment. An action plan had then been put into place and we saw that the improvements identified had been completed.

We looked at one of these audits that had commenced the week our inspection took place. This showed us that it was an evolving process that was added to each day. The audit acknowledged good practice, for example observations of support. It also showed that following concerns raised by a relative the home had responded within a day by referring the person for health support and informing the relative of the action they had taken.

Wherever a change had been identified that would improve the way the home operated, we saw that an action plan had been put into place. Following each audit or residents meeting an action plan was drawn up which listed the actions to be taken and who would be responsible for them.

This pro-active approach to quality assurance and action planning meant that improvements that could be made to the service were identified and action taken. The fact that audits looked at the service from both a legal and health and safety point of view in conjunction with how this impacted on people living there showed us that the home was committed to working together with the people they support.

We found that quality assurance systems directly helped to influence and improve the service that people received. For example observations of meal times were improving the dining experience and observations of care had led to improvements in how hospital admissions were managed.

The home had a culture of being open and honest with the people living there. Residents meetings were used to obtain people's views and sub-committees such as the garden committee or a decorating committee had been set up as and when needed. At the end of our inspection we were asked to give our feedback to members of the management team and a member of the residents committee. This was another example of how the home operated in partnership with the people they supported.

All of the records we asked to see were readily available and we found them to be of a high standard. Records had been regularly reviewed and audited to ensure that they reflected people's needs and choices

and contained all the required information. Records relating to the running of the home were comprehensive and up to date.