

Care In Mind Limited

Mayhurst

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

A comprehensive inspection took place on 10 May 2017 and was announced. This was the services first comprehensive inspection.

Mayhurst offers a wide range of mental health services to young people and young adults providing outcome focused care and support for people who may have behaviours that challenge and associated complex needs. Mayhurst is registered to provide accommodation for persons who require nursing or personal care for up to five people.

At the time of this inspection 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.

Staff were able to tell us what they would do to ensure people were safe and we saw there were systems and processes in place to protect people from the risk of harm. Positive risk management was in place. Staff had a good understanding of safeguarding vulnerable adults. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs which included supervision meetings.

People who used the service were able to make their own decisions with aspects of their care and support. People were involved in meal planning, preparing and cooking meals. People were supported by staff to access a range of external and internal healthcare professionals and their equality, diversity and human rights were respected.

Staff had a good knowledge and understanding of people's needs and worked together as a team. People's care plans contained sufficient and relevant information to provide consistent, care and support. Staff were aware and knew how to respect people's privacy and dignity. People were involved in a range of activities within the home and the local community.

A complaints procedure was in place for staff to follow and was also displayed in the home.

The home had good management and leadership. People had opportunity to comment on the quality of the home and influence service delivery. Effective quality management systems were in place which ensured people received safe, good quality care and support.

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.

The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it. We found that medicines were well managed.

Individual risks had been assessed and identified. Risk assessments included the least restrictive option to keep people safe.

Staff were recruited safely and there were enough staff to meet people's needs and to keep them safe.

Is the service effective?

Good ●

The service was effective in meeting people's needs.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs. Staff had the opportunity to attend supervision meetings.

People who used the service were able to make their own decisions with aspects of their care and support.

People's nutritional needs were met and people attended regular healthcare and therapy appointments when needed.

Is the service caring?

Good ●

The service was caring.

Staff knew people they supported well and understood their care needs.

Staff understood how to treat people with dignity and respect and were confident people received good care.

People's equality, diversity and human rights were respected. Information on advocacy services and support with lifestyle choice was available for people to use.

Is the service responsive?

Good 

The service was responsive to people needs.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

People were involved in a range of activities within the home and the local community.

A complaints procedure was in place for staff to follow and was also displayed in the home.

Is the service well-led?

Good 

The service was well-led.

The registered manager was very supportive and well respected. Communication between the management team and staff was regular, inclusive and informative.

There was a quality assurance system in place so the registered manager could monitor the service and plan improvements.

People who used the service, relatives, staff members and healthcare professional were asked to comment on the quality of care and support through surveys, meetings and daily interactions.

Mayhurst

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 checked 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 10 May 2017 and was announced. We contacted the registered manager 24 hours before our inspection as some people who used this service needed to be informed of our visit in advance as they would otherwise have found an unannounced inspection difficult to manage. The team consisted of one adult social care inspector.

At the time of our inspection there were three people living at Mayhurst. We spoke with one person who used the service, three members of staff, the registered manager and the nominated individual. We spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at two people's care plans and two people's medication administration records.

Before our inspections we usually ask the provider to send us 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 did not ask the provider to complete a PIR prior to this inspection. We reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority 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.

Is the service safe?

Our findings

We observed people were relaxed when speaking with staff. Staff we spoke with had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff we spoke with told us they had received safeguarding training. The training records we looked at confirmed staff had received training and we saw future training had been arranged.

Staff told us people were safe and were confident the registered manager would take appropriate action in response to any concerns raised. We saw the registered manager had recognised incidents which needed reporting as safeguarding concerns, and were reporting these to the Care Quality Commission as required.

Information on safeguarding and whistleblowing was on display in the service. Staff we spoke with were familiar with the registered provider's whistleblowing policy. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

The provider had a proactive approach to taking positive risks in order to support people to live full lives day to day. Care plans we looked at showed risks to individuals had been identified, assessed and were updated regularly. We saw risk assessments included areas such as self-harm and going missing. These covered situations which were likely to be challenging for the person as well as guidance on how to reduce risk. Staff told us there was always someone to contact if they required any guidance or support when supporting people with risk.

We saw the home's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We noted fire escape procedures were on display in the kitchen area. One staff member told us, "The fire alarms are tested every Monday." We saw, where needed, people had personal emergency evacuation plans to support them in the event the fire alarms sounded. One person told us, "I have a special plan if the fire alarms go off." Staff told us they had received fire safety training and were confident they knew what to do in the event of a fire and could safely evacuate the building.

We looked at records which confirmed the maintenance of the home was kept up to date. We noted the home did not have an electrical wiring certificate. During our inspection the registered manager and nominated individual took the necessary action to promptly resolve this and arranged for a contractor to complete this testing following our inspection.

The registered manager told us the staffing model was not set in concrete and if a new person was referred to the service, or if the needs of one of the current people changed, and this required one to one staffing, amendments would be made to the model and recruitment would take place in order to facilitate this requirement.

Through our observations we noted there were sufficient staff on duty to provide the necessary support for people, and staff we spoke with said this was the case for all of their shifts. People we spoke with said staff were able to provide the support they asked for. At the time of our inspection no agency staff were used as

shifts were either covered internally or by staff from other local homes run by the registered provider. One staff member said, "There is always enough staff and we have support from other homes if needed, but there is a desire to come to work."

We found recruitment practices were safe and the service had clear policies and procedures to follow. We saw notes made at interview which evidenced the person's suitability for the role, and relevant checks had been completed including references and Disclosure and Barring Service (DBS). The DBS is a national agency which holds information about people who may be barred from working with vulnerable people. One staff member told us, "I couldn't start until two references and my DBS came back."

Medicines were stored safely in individual person's secure cupboard in the main office. The office was tidy and the temperature of storage was checked daily to ensure medicines were stored appropriately.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. Adequate stocks of medicines were maintained to allow continuity of treatment. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR's showed staff were signing for the medication they were giving. The MAR contained a photographic record or description of each person and allergy information. All MARs were fully completed with no gaps. Staff we spoke with told us they made regular checks on stocks and recording to ensure people received their medicines safely and at the time they needed them. This helped to reduce the risk of error.

Arrangements for the administration of 'as and when' required (PRN) medicines were in place. Controlled drugs (medicines liable to misuse) were locked securely in a cupboard and the controlled drugs register was completed and correct. We saw the register for the controlled drugs always contained two staff signatures for each administration.

We saw staff had received training in medicine management prior to them administering medication and a competency assessment had been carried out on each staff member in April 2017.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions, which included safe ligature removal, suicide prevention, risk management and Asperger's syndrome awareness. The registered manager said they had a mechanism for monitoring what training had been completed and what still needed to be completed by members of staff. Staff told us they had completed training, which included awareness of people's needs. This ensured people continued to be supported and cared for by staff who had maintained their skills.

Staff told us they received a thorough induction, which included discussions about the ethos of the organisation and time spent shadowing more experienced staff. Staff also completed an induction workbook before providing care and support for people.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence each member of staff had received individual supervision. The registered manager told us they were about to start completing staff annual appraisals as the service had not quite been open for one year.

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 on authorisations to deprive a person of their liberty were being met. We were told by the registered manager and staff members that all the people who currently lived at Mayhurst had capacity to make their own decisions with all aspects of their care and welfare.

We saw there were policies and staff told us regular training was in place for the use of restraint. Staff we spoke with told us physical intervention was the last resort and the use of verbal redirection and calming strategies would always be exhausted first. We saw the home operated 'safeward for safehomes' techniques which included soft words, boundaries, reassurance, talk down and calming down methods.

People who used the service shared a communal kitchen. We saw people planned what meals they would like on a Sunday and would go shopping Monday for the week's provisions. People who were able to could cook for themselves or for others in the home. One person told us, "We all cook the food. We make a list and go shopping with staff." A staff member told us, "People take it in turns at cooking and they have 'take away' nights."

Staff we spoke with said they tried to encourage healthier eating. One staff member told us, "Some people choose to eat healthily." We saw a range of fruit was available for people to help themselves.

At the time of our inspection there was no one at nutritional risk.

We saw evidence in the care plans people received support and services from a range of external healthcare professionals. These included GP's, hospital consultants and dentists. This helped ensure people's health care needs were being met.

People we spoke with told us they were able to see healthcare professionals when they needed to. One person told us, "I normally go to the doctor if I am unwell." The registered provider had their own 'in-house' healthcare professionals which included a clinical nurse lead and psychologist who both worked with people who used the service on a frequent basis. This meant this support was readily available to people including occasions when people had relapsed. One staff member told us, "People are able to attend therapy sessions and a physical health check is carried out monthly."

We saw people had an 'A&E pack' which included 'must know' information about the person for other healthcare professionals to be aware in the event they needed to go to hospital.

Is the service caring?

Our findings

During our inspection we observed people and staff interacting with each other. There was a relaxed atmosphere, with friendly conversations between people and staff. Staff knew people by name, and from some of the conversations it was evident staff were familiar with people's support needs, preferences and their background. We saw staff maintained professional boundaries with people. One person told us, "There are good staff and they are really nice."

Staff told us they were confident people received good care. One staff member told us, "People are supported and are able to access support when needed." Another staff member told us, "It feels like home."

We saw staff encouraged people to express their views and listened to their responses. Staff gave the impression they had plenty of time to carry out their roles and were respectful in their conversations with people. Throughout the inspection, we saw staff knew people and their likes and dislikes well. We saw staff address people by name and in a kindly manner.

Care plans contained information about people's preferences. Guidance in individual risk assessments and care plans included a large amount of detail which showed the home knew people well. People we spoke with told us they felt able to spend their time as they pleased, and understood why some activities needed the support of staff.

We saw people were involved in planning their care and support, and with setting their goals.

We observed the staff team treat people with privacy and dignity. As we looked around the home, staff members knocked on doors, and waited for a response before asking if they could enter and making sure private matters were not discussed where other people may overhear. One staff member said, "I always knock on the door, I don't just walk in."

We saw the registered manager made information available to people in a variety of formats appropriate for the people who used the service. For example, we saw a policies and procedures file for people who used the service had been presented in written format and some areas were in pictorial formats, as this helped people make use of the information independently. We saw information about lifestyle choices and accessing advocacy services. One person we spoke with told us some of the language in the policies and procedures file was a little hard to understand. We fed this back to the registered manager and nominated individual (with the person's permission) and they acknowledge this and said this was been addressed.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care.

Care plans we saw covered, for example, family contact, unescorted leave, physical health, education and positive interventions. People's care plans reflected the needs and support people required in order to provide effective care. We found each section was detailed and they included information about people's personal preferences and goals. We saw care plans were regularly reviewed, and people were encouraged to take part in this process. We saw care plan documentation had been signed by the person who used the service. One staff member told us, "The care plans are individual and are updated regularly with changes and any new issues."

We saw staff had created an 'all about me' book which included information about their likes, dislikes, hobbies and previous employment for people who used the service to read and to get to know the staff a little better.

Mayhurst had a self-contained flat where people, when they felt ready, were able to experience more independent living and develop skills in preparation for when they left the home.

People were supported in promoting their independence and community involvement. People made their own decisions about activities they wished to participate in, and prepared a planner for the week ahead. We saw records which showed people had been involved in a variety of activities including visiting a pet farm, going to the cinema, going to the lake for a walk, home leave, shopping and visit to college. One person told us, "I like baking, crafts, colouring and going out."

The premises were fairly spacious and allowed people to spend time on their own if they wished. One staff member said, "People choose day to day activities, their routines and sometimes to do activities together." On the day of our inspection people who used the service spent time doing art work and went shopping for a barbecue as they had decided to have this for tea.

There were effective systems in place to manage complaints. Staff we spoke with were able to explain the correct complaints procedure to us. The provider had policies and procedures in place to ensure complaints and concerns were recorded.

We saw the home had suggestions and compliments 'lanterns' where people could put suggestions and compliments about other people who used the service, staff members and any suggestions they may have. Staff also had a compliment 'lantern' where staff could post compliments about other staff members. For

example, one comment we saw was 'what a fabulous manager, so helpful, upfront and a pleasure to be around'.

Is the service well-led?

Our findings

Staff spoke positively about the registered manager and said they were happy working at the home. One staff member said, "I like how I can access support and everyone is supportive. The manager is good with both staff and the young people. I like working here and I like the young people." Another staff member told us, "I love working here, it is a really fab team, they are professional and laid back at the same time. The manager is fabulous and is very experienced. They have provided a lot of support and are always available."

The registered manager told us they instigated a training programme with the police to share the provider's model of care as some concerns had been raised regarding the handling of some people by the police. They said this had been well received and provided the police with more understanding and management techniques.

The registered manager and staff we spoke with told us the registered provider held support sessions at their head office to provide staff with a support network and if needed, to discuss personal feelings about events that may have taken place. Staff told us this was very supportive.

Full staff meetings took place every month and staff were able to contribute items for the agenda. We looked at the meeting minutes for March 2017 and saw discussions included training, health and safety, complaints, safeguarding, medication management and equality and diversity. We saw the minutes of a health committee meeting for March 2017 which included discussion about people's physical health and GP liaison. The registered manager told us they had recently re-instated team leader meetings, with these being led by a team leader. The first was meeting was due in the next month.

Each month and after any incident involving people who used the service staff attended a 'reflective practice' meeting which gave staff a chance to discuss what had gone well and what they needed to change in the future. This was also a source for staff to access support if wanted to discuss specific actions or issues.

We saw 'multi-disciplinary team' (MDT) meetings took place monthly. This meant different professionals involved in peoples' care and support, such as the registered manager, clinical nurse lead, a psychologist and psychiatrist met to review people's needs. The registered manager told us every third month the MDT meeting was replaced by the 'care programme approach' meeting where social workers and family members were also invited.

The registered manager told us residential and clinical meeting had just been introduced which would examine how both teams could work together more effectively.

The home had monthly 'house meetings' which people were able to attend if they wished. We saw the meeting minutes from March 2017 and saw discussion included decorating, trips and Sky TV. We saw people who used the service were involved in monthly feedback meetings which included what could have gone better, care plans, activities and positive events. The registered manager told us one person's idea was to create a 'graffiti wall' for people to write positive messages on and they were in the process of introducing

this.

The service had recently introduced 'service user co-ordinators' who represent the voice of people who used the service at an organisational level. All the 'service user co-ordinators' were experts by experience. We saw the first 'eat and greet pizza night' was in May 2017, where people would get to know the staff members who were going to be their 'co-ordinator'.

We saw the home had sent out surveys to people who used the service, family members and healthcare professionals in March 2017. We saw an action plan had been created from the information received from people who used the service, which included the purchase of new furnishings for the home.

Systems were in place to monitor the quality and safety of the service. The home carried out their audit program in-line with the Care Quality Commissions five key domains of safe, effective, caring, responsive and well-led. We saw on the 'responsive' audit for April 2017, an action plan had been created which included timescales of when the action was to be completed and which staff member was responsible for the completion. We noted each staff member had been allocated a domain and they were responsible for carrying out the monthly audit. The registered manager told us the service manager had just introduced bi-monthly visits to the home. They were awaiting their first service managers' report which was due shortly.

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence. The registered manager told us an incident report analysis was sent from head office each month and they had to comment on what had been put in place to reduce the risk and the re-occurrence of the incidents. Staff we spoke with said they knew what to do in the event of an accident or an incident and the procedure for reporting and recording any occurrences.

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people's support and care.