The Mayfield Trust

Pye Nest

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 21 February 2018. This was the first inspection of this service since it's registration in March 2017. We announced the inspection to make sure service users were available for us to speak with. There were six people living at the service at the time of our visit.

Pye Nest provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Some people we spoke with had limited verbal communication. However, they very clearly indicated, verbally and from the way they interacted with staff they felt safe and were happy, liked the staff and were supported to follow lifestyles and interests of their choice.

People were clearly fond of and had confidence in the staff who supported them. They told us they felt safe and comfortable with the staff.

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.

Medicines were managed safely although further work was required make sure protocols were in place for all 'as needed' medicines.

Detailed risk assessments helped to protect people from risks they may encounter in their daily lives.

Staff records showed the recruitment process was robust and staff were safely recruited. People who lived at the home were involved in staff recruitment.

Training was delivered to staff in order to help them support people's specific needs. An induction process was in place and staff training was up to date. Competency checks were routinely carried out.

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

Staffing was organised flexibly around the support needs of people using the service. There was a member

of staff available in the home over the 24 hour period.

People were supported to plan menus and be involved in cooking. Healthy eating was promoted.

We found staff understood the principles of the Mental Capacity Act (2005) but found staff may benefit from more training in relation to court of protection orders. Decisions that were made in people's best interests had been appropriately taken with the involvement of relevant people.

Our observations, together with our conversations with people, provided evidence that the service was caring. The staff had a clear understanding of the differing support needs of people and we saw they responded to people in a caring, sensitive, patient and understanding professional manner.

Person-centred care plans were in place to support staff to provide a personalised service which supported and encouraged people to develop their independence.

Care plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. However there was little evidence to show how people had been involved in the development and review of their care plans.

People were supported to follow their interests and engage in activities of their choice both within and outside of their home.

People were supported to set goals and we saw evidence of how people were supported to achieve their goals.

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.

People told us they felt safe living at home with the support of staff. Safeguarding concerns, incidents and accidents were investigated and reported in a timely manner.

Individual needs had been thoroughly risk assessed and preventative measures put in place that did not overly restrict people's freedom.

The staff recruitment process was robust and staffing was organised around people's needs.

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.

People were supported to eat and drink well. People were supported to meet their healthcare needs and to access health professionals as necessary.

Is the service caring?

Good

The service was caring.

People told us all staff were caring and friendly.

Staff understood people's needs and responded well to these.

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 follow their chosen lifestyle and 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 which was understood by staff and people who used the service.

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

Pye Nest

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 21 February 2018. We announced the inspection because we wanted to make sure people who lived at the service would be available for us to speak with. 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.

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 observed how care and support was provided to people. We met and spoke with four people who were using the service, a team leader, a support worker and the registered manager.

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

Good

Is the service safe?

Our findings

We asked if people felt safe in their home and they said that they did. One person said, "staff make me feel safe."

Some people had limited verbal communication. However, all of the people we spoke with indicated either verbally or through their actions they felt safe and happy using the service. We saw staff supporting people and they interacted well with them, people appeared relaxed and happy.

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 bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the team leader or the registered manager and knew who to speak to in the local authority if they wanted to report a safeguarding issue themselves. 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.

Staff we spoke with told us there were enough staff to ensure people could live their lives as they chose. The team leader told us there was always at least one member of staff in the house, including a 'sleep in' staff member during the night. Staffing was flexible to enable people to follow their preferred lifestyle and take part in activities of their own choice.

People told us staff were available to them as they needed.

We checked the recruitment records of two 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. People who lived at the service told us they had been involved in staff recruitment. In the PIR the registered manager told us about how people had collectively expressed a wish for a male support worker to be employed.

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.

People's needs had been assessed and their support planned in a way that suited their needs, without placing unnecessary restrictions on them.

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 a risk had been identified that the person might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively. For example, the risk assessment included detail of what actions staff should take to
try and calm the person's behaviour and to give them support to understand why this behaviour was not

acceptable.

We saw people had fire safety plans and personal emergency evacuation plans (PEEPs) to make sure staff understood how people might react in an emergency situation and the support they would need to ensure their safety. Each person also had an action plan within their care records to instruct staff what they should do if the person went missing. This included details of where the person might go and people to contact.

Accident and incident report forms were completed by staff to record events of this nature. These were kept within the person's records and staff recorded who they had passed the information onto and what action was taken.

For example we saw an accident record for a person who had been supported to attend A&E after a fall in which they injured their hand. On return from A&E staff supported the person to check their body for any other injuries and completed a body map to show where the person had sustained grazing.

Two people told us they had medication every day and that they got them on time. Neither knew what medicines they took or what they were for but were happy to take them. They said they felt comfortable to ask staff for medicines such as painkillers if they ever needed to.

We saw that medicines were stored and administered safely. Some people were prescribed medicines to be taken only 'when required'. We saw protocols were in place for administration some of these medicines but not all. For example a protocol was not in place for administration of a medicine to relieve breathing problems. We discussed with the team leader how protocols could be improved to record the circumstances in which the medicine might be needed and if it had been effective.

Good

Is the service effective?

Our findings

All of the people living at the service had moved from the provider's care home. Assessments had been completed in conjunction with health and social care professionals to make sure the supported living environment was suitable to meet with each person's needs.

Staff told us that without exception, this had proved to be an appropriate move for people as they had all responded very well to the supported living setting.

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 those without any previous care experience also completed 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. A member of staff we spoke with told us they kept their learning file from doing the Care Certificate in the service so they could continue to refer to it.

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 'Social care TV' One staff member told us how they had benefitted from the training they had received and how they could request training if they thought they needed it. Staff said they were well supported through regular supervision and appraisal and this was confirmed in the staff records we reviewed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We saw the service assessed people's capacity in respect of individual decisions appropriately and that decisions made in people's best interests were recorded, including who had been involved in making the decision. For example, healthcare professionals or people's advocates.

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.

The registered manager told us one person was subject to restrictions under the Court of Protection, in line with MCA legislation because it was not safe for them to go out alone.
The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf.

Although this process had been followed appropriately, staff were a little unclear about the Court of Protection order and we discussed with the registered manager how they could benefit from further training in this area.

We saw examples of how staff sought people's consent. For example, one care file we looked at included details of how staff had spent time giving explanations to a person and gaining their consent and agreement to a risk assessment developed in relation to their safety. Staff sought people's consent before entering their rooms and showing us their care records.

Staff told us people chose to eat their evening meal together and a weekly meeting was held where everybody sat around the table to plan the following weeks menu. We saw folders of pictorial menus and photographs of meals people had previously made with record of who had or had not enjoyed the meal. These folders were used to help people plan their menus. A system was in place to make sure people contributed to the food budget fairly.

People were supported with food preparation and with keeping the kitchen clean. We saw people helping themselves to snacks, fruit and drinks throughout the day.

People were supported to consider healthy eating and, where necessary, to follow a diet which met their particular needs such as a diabetic diet or goals such as weight loss.

Staff supported people to maintain their general health and wellbeing and ensured their needs were met. Care records showed which health and social care professionals were involved in people's support and gave detail of the support and treatment people had received. 'Healthy living assessments' were in place which covered subjects such as alcohol, smoking and sexual health. We saw from these assessments people were asked if they had any issues or needed any support in these areas. 'Looking after my health' care plans were detailed and person centred.

People had hospital passports in place. These documents are for if people need to go to hospital to give the hospital staff important information so they know how to support the person in the way they prefer and understand.

Good

Is the service caring?

Our findings

People told us they knew who their key workers were and said they worked with them to make sure they got the support they needed. People told us staff respected their privacy and treated them with respect.

We observed lots of positive interaction between support workers and people being supported by the service. Interactions were caring and friendly and staff displayed professionalism throughout our visit. We saw staff offered reassurance and encouragement to people.

None of the people we spoke with were able to give us examples of how staff supported them to meet their diverse needs in respect of the Equality Act 2010. This is a law that prevents discrimination on the basis of a person's age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity and these are now known as 'protected characteristics'. We saw no evidence to suggest that people who used the service were discriminated against and saw assessments and care plans relating to empowering people. These included detail about how the person could make decisions and make their wishes known, how they could be involved in decisions about the service, recruiting new staff and if they wished to be involved in relevant forums.

Care plans were devised to make sure people's needs were met in a way which reflected their individuality and identity.

We saw how one person had been supported to continue attend church every week following their move to the service. This had involved the person's advocate and the local priest. A married couple lived at the service and staff told us how they respected and supported their privacy.

People were supported to maintain friendships and contact with their families. We saw one person's friend had recorded a compliment about when they had been invited to tea with their friend and other tenants. We saw photographs and DVD recordings of parties and events people had been supported to organise and take part in. These included people's friends and families.

Staff supported people in their independence and we saw a number of examples of this. For example when we asked one person a question, they deferred to the support worker who reminded them we had asked them the question and demonstrated they were mindful of answering on someone else's behalf by encouraging the person to answer for themselves.

People had been supported to choose furnishings for the communal areas of the house and their individual rooms. They were supported by staff to increase their skills in relation to housework, laundry and cooking to promote their independence. Staff told us all of the people using the service had made huge improvements in their independent living skills since moving to the service.

We saw information about advocacy services in an easy read format. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to

ensure that their rights are upheld. We saw where one person had chosen their friend to act as their advocate, they were fully involved in supporting the person in such as decision making and reviews.

Where people experienced difficulty in communicating, we saw staff were skilled in understanding them. Care plans also included examples about the best methods of communication for people to aid their understanding and ability to respond.

Good

Is the service responsive?

Our findings

Care records such as assessments and care plans had been developed with a person centred approach and included detail of people's needs, abilities preferences and goals. Care plans included some pictures to assist in people's understanding.

Although care plans lacked evidence of people being directly involved in their development, there was evidence to show how staff had discussed issues with people. For example, one person's care plan talked about how one of their behaviours could have outcomes which were not in the person's best interests. We saw evidence of how this had been discussed with the person in a way they would find easy to understand possible consequences of their behaviour and how a compromise had been reached which the person signed their agreement to.

Two people we spoke with told us they worked with their key worker to talk about their needs and make their views known.

Each person had a book in which staff recorded in detail their daily activities, what they had taken part in, how they were feeling, what had worked well and any issues. We saw the daily record entries were reviewed on a monthly basis to assess any changes to people's needs in areas such as socialisation, health, behaviour and skills development.

People had personal support plans which most people kept in their rooms. One person did not want to do this and asked for staff to retain it for them. Personal support plans included details of goals people had set for the year and any changes they would like in the support they received.

Where goals had been set we saw evidence of how the person was being supported to meet them. For example, one person had set a goal to go and watch live shows and go to the cinema and we saw photographs had been added to the file of the person attending these venues along with descriptions of the event.

Where people had set a goal to go on holiday we saw they had completed an easy read and pictorial booklet to help them decide what kind of holiday they would like to go on. The booklet included pictures of such as different types of transport to get to holiday destinations, different types of accommodation and holiday types for example beach or activity. The booklet also included photographs of staff so people could identify which staff member they would like to accompany them.

We saw evidence of previously set goals having been achieved. Staff told us this included one person going to Canada to visit relatives.

Personal support plans were reviewed annually or more often if needed and the person concerned was able to invite whoever they wished to attend this review.

People had individual weekly timetables of activities they had chosen to engage. The timetable detailed where they would go, the times they went and what activities they engaged in. An additional leisure activity plan detailing peoples preferred activities such as bike riding, cinema, pub gym and church was also in place.

It was evident throughout the inspection that supporting people in developing their independence skills and following lifestyles of their choice was the ethos of the service. An example of this was how staffing was how staffing arrangements were flexible to make sure people received the support they needed.

Staff clearly knew people well and celebrated their skills and achievements. During the inspection they supported one person to show us their talent for singing which they clearly enjoyed.

We saw easy read 'When I die' plans were in place. We saw people had made choices about their funeral including what hymns they would like to be sung.

The service had not received any complaints. One person we spoke with said they would speak to their key worker who would help them complain and another said they would speak with staff.

We saw the complaints procedure was available to people in easy read format.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. They had registered with the Care Quality Commission as manager when the service was registered in June 2017.

The registered manager was also registered as the manager of the providers care home where people who lived at Pye Nest had transferred from. They told us that although they were not available at Pye Nest every day, they had daily communication with the team leader and would always come to the service when needed.

The registered manager was present during the inspection and assisted us by liaising with people who used the service and staff. They had known all of the people living at Pye Nest for many years and were knowledgeable about their individual needs.

Staff meetings took place and we saw minutes which showed staff had an opportunity to raise any issues, concerns and ideas with their team leaders or service managers. A member of staff we spoke with confirmed this was the case. The management team used these meetings to share information about the service to staff. This demonstrated that open communication was encouraged in the service. We noted the registered manager did not take part in staff meetings. They told us this was due to staff meetings being held on the same days at the home they were also registered as manager for. We discussed how it might be beneficial for them to attend staff meetings. They agreed and said they would make sure they did this.

Regular tenants meetings also took place for people to discuss any issues or ideas they might have. One person told us the team leader talked to them about the running of the home and two people told us about how they were involved in recruiting new staff.

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 managers monthly report and providers quality assurance visits. We saw these audits were robust in that they clearly identified any issues and included a space for staff to record what actions had been taken to address the issue.

Audits included checks on care documentation, medicines and a review of any accidents or incidents to identify any themes or patterns. An observation and discussion audit was also completed. This involved observations of how people were supported and discussion with people who used the service to check their satisfaction with the service they were receiving.

The registered manager told us they were due to send out questionnaires to people who used the service and people involved with the service. This would be the first time they had done this since the registration of the service.