

The Mayfield Trust

Mayfield House

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

We inspected Mayfield House on 10 February 2016 and the visit was unannounced. Our last inspection took place on 2 January 2014 and, at that time, we found one of the regulations we looked at was not being met in relation to respecting and involving people who use services. On this visit we found improvements had been made.

Mayfield House is a converted property which provides accommodation and personal care for up to 20 people with a learning disability. It is located in the King Cross area of Halifax and is close to local shops and amenities.

At the time of our visit there were 15 people using the service.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the home. Staff had a good understanding of how to control risks to people's health, safety and welfare.

Staff were recruited safely and there were enough staff on duty to provide people with the care and support they needed. Staff had received appropriate training, supervision and support.

We saw staff knew people well and there was a warm and good humoured atmosphere in the home. People were supported to follow their interests in the community and a wide range of activities. Staff supported people to be as independent as possible and we saw people going out on their own or helping with cleaning and laundry.

Care and support plans were individualised and focused on what each person wanted to achieve and what support they required from staff.

We found people had access to healthcare services and these were accessed in a timely way to make sure people's health care needs were met. The medication system was well managed and people received their medicines at the right times.

People told us meals were good and we saw the menus provided both choice and variety.

Mayfield House was well maintained and homely. People's bedrooms were highly personalised and we found everywhere was clean and tidy.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

We saw there were systems in place to monitor the quality of the service. When areas for improvement were identified action was taken to address the shortfalls. People using the service were asked for their views and staff responded to their requests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to their job role which was continually updated. They also received supervision and felt supported and valued in their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards understood their responsibilities under the Act.

Staff supported people to maintain good health and to consume an appropriate and varied diet.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a person centred approach where people they supported always came first.

The service actively sought opportunities to help promote people's independence and life skills.

Is the service responsive?

Good ●

The service was responsive.

People's health, care and support needs were assessed and individual care plans were in place to ensure people received the care and support they needed.

People had good opportunities to participate in the community and to try and take part in a range of activities.

There was a complaints procedure in place and people were asked at the monthly residents meetings if they had any concerns or complaints.

Is the service well-led?

Good 

The service was well-led.

There was a registered manager who provided leadership and direction to the staff team.

Audits were carried out to make sure the systems that were in place were working as they should be.

The service sought and used the feedback of people who used the service to help improve the quality of care provided.

Mayfield House

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 10 February 2016 and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. We also received a completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included two people's care records, two staff recruitment files and records relating to the management of the service.

On the day of our inspection we spoke with seven people who lived at Mayfield House, three care workers, housekeeper and the registered manager.

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "Yes of course I do." We saw people were asked whether they felt safe every month at the residents meetings to which people had consistently answered, "Yes."

We saw there were safeguarding policies and procedures in place. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

We spoke with two members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Both staff were able to tell us about different types of abuse and both said they would not hesitate to report any concerns to the registered manager or more senior management.

We looked at the training matrix and saw staff training in relation to safeguarding was up to date. We spoke with the registered manager who demonstrated a clear understanding of safeguarding procedures. We also saw safeguarding was discussed at staff meetings to ensure staff understood and would recognise safeguarding issues. This meant staff understood how to keep people safe.

Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for manual handling and personal emergency evacuation plans. Other identified areas of risk had not been assessed on 'risk assessment' paperwork. We saw that care plans recorded the hazards presented to people and way to reduce the risk. This meant staff were identifying risks to individuals and taking action to reduce those risks.

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form, detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. This included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held. This meant checks were being made to make sure staff were suitable and safe to work with the people living at Mayfield House.

We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people living in the home. The registered manager told us staffing numbers responded directly to the support needs of people using the service to ensure both their personal care and social care needs were met.

Our inspection took place during the day the registered manager told us staffing levels were higher on a Wednesday (the day of our visit) as everyone was at home, so, additional staffing was needed to make sure people could go out and access activities in the community. They also told us additional staff would be made available to support people with individual activities, for example, going to parties and community events.

We saw that staff were available throughout our visit and people's requests were attended to promptly. The care staff team were supported by a housekeeper, cook and maintenance person. This meant there were enough staff on duty to meet people's needs.

We saw there were infection prevention procedures in place and infection prevention and control audits were taking place. We looked around the building and found all areas clean, tidy and fresh smelling. We spoke the housekeeper who demonstrated a commitment to, and a pride in their work. We saw there were disposable aprons and gloves readily available for staff and these were being used appropriately. This meant staff were following infection prevention and control measures to make sure people were protected from the risk of infection.

We saw the food standards agency had inspected the kitchen and had awarded them 5* for hygiene. This is the highest award that can be made. This meant food was being prepared and stored safely.

We found the building was well maintained and appropriately decorated. We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems, lifting equipment and water temperatures. A system was in place for staff to report any issues with the building to ensure they were promptly repaired. This meant the environment was kept in a good state of repair.

Procedures were in place to act in the event of an emergency to help keep people safe and comfortable. These included individual fire evacuation plans for people using the service.

We observed staff administering medicines to people safely. Staff who were responsible for administering medicines had received training in safe administration and wore a 'do not disturb' tabard when supporting people with their medicines. We saw staff supported one person at a time with their medicines and followed good practice guidance when doing so. For example, staff checked they had the medicines for the right person, checked the medicines type and quantity and that they were being administered at the correct time. Staff asked people if they were ready to receive their medicines and explained what they were for. One person said they did not want their medicines at that time. The staff member waited for five minutes and asked again and the person was ready for their medicines then. Staff were patient with people to ensure they were not rushed and could take their medicines in their own time.

Medicines were stored in a locked cabinet with the keys held by the staff member responsible for the administration of medicines. The service kept a running stock count of 'as and when required' medicines to ensure they were accounted for. People, who presented warning signs of pain, were asked if they would like a pain killer. For example, one person was holding their head, and we saw the staff member ask if they had a headache and if they would like a pain killer. The appropriate medicine was then administered.

Is the service effective?

Our findings

Staff we spoke with told us they received training which was relevant to their role and said they felt supported and valued. One person said, "I really enjoy my job." We saw a compliment from one person who had delivered training at the service, "Wonderful group of staff who expressed a lovely sense of togetherness."

We looked at the training matrix and saw staff training was mostly up to date and where training had lapsed dates for updates in training had been identified. All of the staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service. They were able to describe people as individuals and knew about people's likes, dislikes and preferences. This showed us staff worked in a person centred way.

Staff we spoke with told us they felt supported in their role and confirmed they received formal supervision where they could discuss any issues on a one to one basis. They also told us they received an annual appraisal, which focused on their practice and on-going professional development.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found all of the staff had received MCA and DoLS training and this was discussed at every staff meeting. Staff we spoke with understood the principles of the MCA and no one at the service was being deprived of their liberty.

People who used the service all told us the food was good and they enjoyed meal times. One person said, "The food is delicious." Another person told us, "I always eat all my food."

We saw the lunch time meal looked appetising and people were given options of how they would like their food. We saw evening meals had two main options for people. If people did not want either, then alternatives could be made for them. There were tea, coffee and juice making facilities in the dining room and we saw people making their own drinks and getting water from the dispenser. There was a four week menu which we saw consisted of a large variety of foods. For example, we saw lasagne, fajitas, spaghetti bolognese, quiche and roast dinner were included in the choices.

People had their weight checked on a monthly basis. We saw some people were supported with specific diet plans. People's care records included details about the support they required with nutritional intake. The care plan encouraged healthy eating and acknowledged people's likes and dislikes in relation to food. For example, one person's plan said they would not eat 'greens' other than peas. Another person's plan informed staff they needed to be observed during meal times as they could use too much salt. This showed us people's nutritional needs were being met.

Peoples care records had been created with input from health professionals. Care records listed health professionals that people were involved with. For example, we saw input and contact details from Doctors, Dentists, opticians, district nurses and specialist footwear advisors. People who used the service told us they received health care support from professionals when required. We saw staff were vigilant and quick to pick up any changes in people's needs. For example, staff noted one person was more sleepy than usual and explained this person was a diabetic and this was usually a sign of them having a raised blood sugar. We saw this person was encouraged to go out and to drink plenty of water. This showed us staff understood people's health care needs and knew what to do to meet those needs.

Is the service caring?

Our findings

We asked people if they liked the staff. One person said, "I like the staff they are all kind, I would give them nine out of ten." Another person told us, "(name) is a nice lass." A third person said, "Staff are good fun and help me when I need it. I would recommend it here." A fourth person told us, "Staff are great, can have a laugh with them."

We found there was a relaxed, friendly and homely atmosphere in the home. There was some good humoured 'banter' between people using the service and staff and a lot of laughter. Staff knew people well and were attentive in providing appropriate individualised support.

One member of staff told us, "Staff have time and patience with people, which makes a big difference." Another care worker said, "I genuinely feel everyone who lives here is quite happy."

We saw people, who required support with their personal hygiene needs received this. For example, before coming to breakfast one person had been assisted to shower, wash their hair and to shave. They were well dressed and were clearly happy with their appearance. We saw everyone looked well cared for.

We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. We spoke with the housekeeper who told us how much they enjoyed supporting people to keep their rooms personalised. This showed staff respected people's belongings.

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive and good humoured way. We saw staff were kind, caring and compassionate.

One person told us staff helped them to be independent and to do jobs in the house, such as cleaning and vacuuming. We saw people were encouraged to be as independent as possible. People using the service answered the front door and alerted staff if they did not know the person. We saw this had been agreed in a residents meeting. We saw people made themselves drinks and helped themselves to cereals at breakfast time. We saw one person vacuuming and another being supported to do their own laundry. One person went out to Halifax town centre on their own and another person took themselves off to their voluntary job in a charity shop. This showed us staff were enabling people to be as independent as possible.

We did not meet any visitors during our visit, but staff told us visitors were made to feel welcome and could have a meal with people if they wished.

Is the service responsive?

Our findings

The registered manager assessed anyone who was thinking of moving into Mayfield House to make sure staff would be able to meet their needs, taking into consideration the needs of the people already living there. If they considered they could offer a service the individual was invited to visit, to stay for a meal and stay overnight as many times as they wished to make sure Mayfield House was the right place for them.

We looked at two peoples' care records and found these were sectioned into a logical order. We viewed in detail peoples' support plans. These were documents created with people to inform staff how to effectively support people. Support records were written in a person centred way and gave specific details which were important to each individual. For example, records recognised people that were important in each individual's life, important events in their life and their personal preferences, such as female staff for personal care and wanting staff to wash their back for them.

Care records were reviewed on a monthly basis to ensure information and details relating to peoples care and support were relevant and up to date.

People were encouraged to be as independent as possible. Peoples' care records included a document called 'empowerment assessment' which described to staff how to work with each person to get the most out of them. For example, sections included 'how to make my wishes known,' 'making choices,' 'involvement in house meetings' and 'involvement in recruitment.' Care records also contained documentation that had been recognised as supportive for people who lived with a learning disability. For example, we saw people had hospital passports and Person Centred Plans (PCP). PCP's are on-going plans that were created by and around the people whose used this service. Goals and achievements had been set and action plans of how to achieve these goals were in place. Some people's goal included, going on holiday, making a fancy dress costume and to go on a plane.

One person told us, "I have friends here and I get to go out a lot. The manager is good and they encourage us to try new things." Another person told us, "I have settled in and have made friends here. I like to keep busy going out with friends, bowling and cinema."

Staff were proactive in supporting people to find activities they wanted to do. One member of staff told us, "We try to give people different experiences and opportunities." During peoples' person centred planning meetings, it was identified what people would like to do or try in the coming year. This enabled staff to support people to plan activities they wanted to do. One person told us, they liked to keep busy and did not enjoy having nothing to do. This person told us the staff had supported them to work at three jobs during the week. The provider owned its own charity shop where some people who used the service worked. Other activities people told us they did and that we saw evidence of in peoples' care records included attending a day centre, holidays and attending church. We saw some people attended various activities regularly six times a week. On the day of inspection we saw people left the service to go shopping, take a coat back to a shop, go out for food and various other activities.

One person told us how one member of staff had helped them set up an aviary. They were keen to show us the birds they had been breeding and were very proud of this achievement. This showed us people were supported to follow their individual interests.

One person told us they were enjoying planning their holiday. Staff told us how people were assisted to choose their holidays. There were photographs of all of the staff and the other people who lived at Mayfield House. These were used so people could choose the staff they wanted to support them on holiday and who else they wanted to go on holiday with. This meant people were provided with activities, occupation and opportunities to have new experiences.

One person told us, "If I don't like something I tell them." We saw an easy read complaints procedure was on display on the notice board in the hallway. We also saw at the monthly residents meetings people were asked if they had any concerns or complaints. This meant people were given the opportunity to raise any issues with staff.

We looked at the complaints log and saw no complaints had been received, but saw there was provision to make sure full details of any complaint would be documented together with the action taken and outcome.

Is the service well-led?

Our findings

We asked staff about the management of the service. One person told us the registered manager was, "Firm but fair, was good with people using the service and put them first." They also said, "(Name) will tell you if you are doing something wrong, but is also open to any new ideas." Another member of staff said, "(Name) is very good and straightforward. They will pull you up if you do something wrong but will also praise you when things are right."

We looked at the systems used to monitor the quality of the service. We saw resident's meetings were held every month. At these meetings people were asked if they had any compliments or complaints, if they felt safe in the home, if they had any ideas or suggestions or any issues of concern. We saw a lot of the ideas were around organising parties and shopping trips and we could see staff acted on those ideas. For example, helping people organise the Halloween and New Years Eve parties..

We saw there were a range of audits taking place. These included audits of accidents and incidents, care plans, complaints and compliments, health and safety, mattresses and medicines. We saw when issues had been identified action had been taken to resolve them. For example, mattresses had been replaced when two had 'failed' the tests during an audit.

When we looked at the care files we saw the registered manager had put 'post it notes' when plans needed to be up dated. When staff had made the updates they wrote the date on the 'post it note' and then the registered manager signed the action off on the audit. This showed us there was an effective system in place to make sure care files were kept up to date.

The registered manager explained the staff duty rota's were planned to ensure there were enough staff to support people whilst they were at home and to support people in a wide variety of activities in the community. For example, they told us people had been invited to a number of parties in December 2015 and January 2016 and additional staff were rostered on duty to provide the necessary levels of support.

We saw staff had been given a questionnaire about medicines management to complete. When the registered manager had analysed the results they had noted not all of the staff were aware of the correct booking in procedure. This was address at a staff meeting and though more detailed medicines competency reviews with each member of staff. This showed us the manager was continually looking at ways to improve practice.