

# Leegate Care Limited

# 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

This unannounced inspection took place on 3 May 2016. At our last inspection during December 2013, the provider was meeting the regulations we looked at. Mayfield House provides accommodation and personal care for up to six people with learning disabilities. At the time of our inspection there were five people living at the home.

There was 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 living at the home. Staff knew what they would do to protect a person from the risk of harm and how to respond to any concerns. Staff were aware of risks to people's health and well-being and these were appropriately managed. There were enough staff to meet and respond to people's needs. Recruitment processes were in place which ensured staff had the appropriate checks and skills before they began working in the home.

People received their medicines as prescribed and these were managed safely. People had access to healthcare professionals as required to maintain their health. People were asked for their consent before care was provided. People's care and support was planned in a way that did not restrict their rights and freedom. People were supported to have enough food and drink and were offered meals that were suitable for their individual nutritional needs.

People were cared for by staff who knew them well. People felt the staff were kind and caring. Staff respected people's dignity and privacy and understood people's choices and preferences. People were supported to follow their own interests and hobbies. People and their relatives felt comfortable to raise any concerns and felt confident these would be addressed appropriately.

People and staff spoke positively about the approachable nature of the registered manager. There were audits to monitor the quality of the home however these were not being used to identify trends or themes which could be used to improve the quality of service people received.

## 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 felt safe and staff treated them well. Staff understood their responsibility to protect people and report any harm or abuse. Risks to people had been considered and people were supported by sufficient numbers of staff to meet their care and support needs. People received their medicine as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the knowledge and skills to meet their needs. People's choices and rights were respected and people were asked for their consent before care was carried out. People had enough food and drink and enjoyed their meals. People had access to healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People felt staff were kind. Staff knew people's individual likes, dislikes and preferences. Staff understood people's individual communication methods. People's dignity and privacy was respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was individual to them and reflected their needs. People were supported by staff to follow their interests. Staff knew how to raise concerns on behalf of the people they supported.

### Is the service well-led?

Good ●

The Service was well-led.

Although audits were completed these were not used to identify

themes or trends which could be used to improve the quality of the service. People and staff were complimentary about the registered manager and said they were approachable and friendly. They said the home was well-managed and they felt involved in the service. Staff had a good understanding of their roles and responsibilities and felt fully supported by the registered manager.

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# 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 3 May 2016 and was unannounced. The inspection was conducted by one inspector.

As part of the inspection we looked at the information we held about the home. This included notifications received from the provider about safeguarding alerts, accidents and incidents which they are required to send us by law. We also contacted the local authority who purchase care on behalf of people to ask them for information about the home.

During our inspection we spoke with two people who lived at the home, one relative, two staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records for three people, to see how their care was planned and looked at two people's medicine records. We also looked at staff records and records to monitor the quality and management of the home.

# Is the service safe?

## Our findings

People we spoke with told us they thought the service was safe. One person said, "Happy here, yes safe." A relative we spoke with told us they did not have any concerns regarding the safety of their relative at the home. They told us, "Its home from home it is excellent. I think [person's name] is safe." We saw people were confident to approach members of staff and the registered manager if anything concerned them. We saw staff spent time with people to reassure them if they were worried about anything.

Members of staff we spoke with felt confident to recognise and respond to different types of abuse to protect people from the risk of harm. One member of staff said, "Its safe here, we [staff] make sure people are safe. There are different types of abuse such as financial, sexual and physical. I would speak with [registered managers name] or [provider] if I suspected something." Staff told us they were confident the registered manager would take action if any concerns were raised. They explained if they felt appropriate action was not being taken they would report concerns to CQC or the local authority. This demonstrated that people were protected from the risk of harm or abuse.

Staff we spoke with demonstrated an understanding of how to support people with their individual risks. This enabled people to spend time away from the home and partake in their chosen activities such as shopping and going out for meals. We looked at people's individual risk assessments and saw that risks to people had been appropriately assessed and information was available for staff to refer to. We saw one person was at risk of losing weight. Staff were monitoring the person's weight and had sought advice from a healthcare professional which they were following. This showed risks to people's health and safety were being managed appropriately by the provider.

The registered manager had a system in place for recording accidents and incidents, however we saw there were no incidents recorded. We spoke with the registered manager about this who said there had not been any incidents or accidents since the last inspection.

Everyone we spoke with felt there were sufficient numbers of staff available to meet people's needs. One relative commented, "Yes, I think there are enough staff." One member of staff said, "I feel we have enough staff to support everyone here." During the inspection, we observed staff were able to spend time with people supporting their different interests or care needs. For example two people were supported by staff to go out to the local shops. The registered manager told us they covered absences with the current staff team in an emergency. During our inspection, we saw there were sufficient numbers of staff on duty to support people and when people required assistance staff were available to support them quickly.

The majority of staff who worked at the home had worked there for a number of years. However one newer member of staff confirmed they had completed a range of employment checks before starting in their job role for example, employment reference checks and Disclosure and Barring checks (DBS). DBS checks include criminal and barring checks to help employers reduce the risk of employing unsuitable staff. The registered manager told us they checked staff were of good character before they were employed to start work at the home. They showed us staff member's files and we saw appropriate checks had been obtained

before staff started work at the home.

People received their medicines as prescribed. We observed staff supporting people to take their medicines safely. Staff told us they were aware of how medicines should be administered however protocols were not in place for medicines that had been prescribed for 'as and when required' (PRN). This meant some medicines could be at risk of being administered incorrectly or inconsistently. Medicines were stored appropriately to keep them safe and maintain their effectiveness. Medicines were safely disposed of when no longer required or in use. We looked at the medicines for two people and saw that staff updated people's records when medicines were given. Staff that gave medicines told us they had received appropriate training and their competency to administer medicines was checked by the registered manager.

# Is the service effective?

## Our findings

People told us staff had the skills and knowledge to meet their needs. One person said, "I am looked after." A relative told us, "I can't speak highly enough staff are very good they know [person's name] and their routine. Staff know people really well." The staff we spoke with told us they felt supported by the registered manager and said that they had received the necessary training and support to do their job. One staff member said, "Support is available on a daily basis; there is always someone about if you are unsure of something. I have the skills and feel confident in my job." Staff completed an induction when they started their job which included working alongside experienced staff to get to know the people they cared for. Staff told us they had regular one-to-one meetings with the registered manager. They said that they felt confident to discuss any concerns they had during these meetings and that they were provided with feedback on their performance by the registered manager. One member of staff said, "[Registered manager] is very approachable and provides advice where needed it really is a nice place to work."

Staff sought people's consent before providing them with care or support. We observed that they waited for people's agreement before providing any aspect of care or support. Staff told us they were aware of the different communication methods people used and allowed time for people to make choices. We saw staff listen to people and respond to people's day to day decisions and choices. This included what people would like to drink, how they would like to spend their day and what food they would like to eat.

The Mental Capacity Act (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. Staff we spoke with understood the principles of the MCA and were able to explain how it affected people. Although there were no current DoLS authorisations in place the registered manager (said they) had considered the capacity of all people living at the home and following guidance from the local authority had completed DoLS applications.

Where people had restrictions placed on their freedom they had been protected by the correct procedure being followed. Applications had been made to the local authority as required and the provider was waiting for the assessments to be completed. We saw people's movements were not restricted and they moved freely around the home.

People we spoke with told us they enjoyed the food provided. One person said, "The food is good." We saw people eating their meals and saw that the atmosphere was relaxed and we observed friendly interactions between staff and people. Staff told us meal times were a social activity where people and staff sat down



together. We saw that meals were chosen by the people living at the home. Drinks were readily available throughout the day and people were encouraged to make their own drinks with the support of staff if required. We looked at care records and saw where required people's food and drink was recorded to ensure staff had the information needed to support people to receive a balanced diet to remain healthy.

People were supported to access a range of healthcare professionals when they needed them. One relative said, "[Staff] keep me informed about any appointments." People's healthcare was monitored by staff, with referrals made to appropriate healthcare professionals when they needed them. For example, one person required specific footwear and this had been acquired. Another person had lost some weight over a number of months this also had been referred to a healthcare professional. We saw from people's healthcare records that people had access to other healthcare professionals such as opticians, chiropodists and dentists as required, so that their health care needs were met.

## Is the service caring?

### Our findings

Not all people were able to tell us in detail their experience of living at the home although we observed people smiling and responding positively to staff. Staff took every opportunity to engage with people for example when entering communal room's staff spoke and smiled with people. One person told us, "Staff are very kind." One relative said, "The staff are very caring." Staff interactions were friendly and respectful. We saw when people came back from a visit to the shops they greeted staff members warmly with smiles and other signs of affection such as laughing and joking with staff. People were confident and happy approaching staff for support throughout the day.

Staff and the registered manager had a detailed knowledge of people's individual needs. The majority of staff had worked at the home for a number of years. They were able to tell us about people's likes and dislikes and what people's individual interests were. We saw people were involved in making decisions as far as possible about their care and support by staff who offered them a choice. Staff we spoke with were able to explain how they supported people to make specific decisions such as supporting people with their personal monies. We saw staff encouraged people to remain as independent as possible. They were knowledgeable of the importance of people's independence for their well-being. We saw staff prompt and offer encouragement to people where required to complete daily tasks such as making drinks, making the bed, personal care and dressing.

We were invited to view one person's room and found it to be decorated to reflect their interests and personal choice. The room was personalised and had various personal effects which were important to them. People told us they could choose how they wanted to spend their time, what they wanted to wear and whether to have a bath or shower.

The registered manager told us on occasion people had been supported by an advocate. Although no one was currently being supported by an advocate we saw people had access to independent advocacy services if requested. Advocates are people who are independent and support people to make and communicate their views and wishes.

People were supported by staff who respected their dignity and privacy. We observed one person who wanted to discuss their healthcare appointment with a member of staff. We saw the member of staff suggest to the person they go into another room to discuss this privately. Staff we spoke with were able provide us with examples of how they protected people's dignity. For example, closing the door when providing care. One member of staff said, "Close doors [when providing care] and make sure people are okay with our help." We observed staff spoke respectfully about people when they were talking or having discussions with other members of staff about any care needs. We also saw people's dignity was consistently respected by staff when they were providing support or care to people.

## Is the service responsive?

### Our findings

People told us staff involved them in decisions about their care and support needs and in developing their support plan. One person sat with us whilst we looked at their care record they were able to tell us about some of the information recorded in their records. They confirmed staff involved them in any decision about their care and said they were involved in all reviews that took place. One relative commented, "I am kept informed by [registered manager] and am involved in any decisions about [person's name] care." We saw people's care records reflected the care and support they received and people's needs were reviewed when there had been any changes. We saw staff involved other relevant professionals where appropriate such as mental health professionals.

Staff that we spoke with told us they knew people well because they had supported them for a long time. They had a good understanding of people's individual preferences, routines and interests and spent time with people to plan their care and activities. Staff used observations and discussions with other staff to recognise any changes or concerns about a person's well-being. Staff told us that information about changes to people's individual care and health needs were shared at handovers. They said this provided staff with the most up to date information about a person's care needs.

People we spoke with told us how they liked to spend their days. One person told us they enjoyed going out for walks with the staff. On the day of our inspection we saw some people went out shopping and another person enjoyed socialising with their relative. People also told us about how much they enjoyed visits to local restaurants, garden centres and bowling centres. We saw that people also enjoyed a number of activities within the home such as looking through books and talking with members of staff. Staff told us they planned activities with people around their individual interests; one member of staff told us about one person who enjoyed looking through Doctor Who and Star Wars books along with enjoying the programmes on television. We observed staff sit with this person engaging them in conversation about the book they were looking through.

People we spoke with told us they enjoyed spending time with their relatives and were supported to maintain relationships with family and friends. Staff told us some people regularly went to visit their families at their homes for days or weekends which they enjoyed. A relative we spoke with told us they came to the home regularly and said there were no restrictions on visiting their relative at the home. They said, "You can visit whenever you want to and are made to feel welcome."

People felt confident to approach and speak with staff about their concerns or worries. We saw staff spent time with people and were patient and made sure people were happy with their response. Some people at the home would be unlikely to make a complaint due to their understanding or communication needs. Staff were able to tell us how people would communicate if they were unhappy about something. Such as using body language. A relative we spoke with told us they would speak with the registered manager if they had any concerns and felt confident any issues would be addressed. They said, "I would speak with [registered manager] I have no complaints or concerns." Staff we spoke with understood the provider's complaints procedure and said if people raised any concerns they would contact the registered manager straight away.

Staff said they felt confident any issues would be investigated and resolved quickly. There were no written complaints but people and relatives felt comfortable to approach the registered manager or staff to talk about any issue they might have.

## Is the service well-led?

### Our findings

People who lived at the home, a relative and staff were all complimentary about the management of the home. One person told us they knew who the registered manager was and that they were, "Very happy living at the home." A relative said, "I can't speak highly enough of it here I feel very reassured with [person's name] living here. [Registered manager] is very approachable." Everyone we spoke with told us they were happy with the care provided and said that the atmosphere within the home was open, friendly and welcoming. They said the registered manager was 'approachable' and easy to talk to. We saw that people, their relatives and staff had not been asked to complete feedback surveys about how the home was managed. However one relative we spoke with commented that "There is no need for questionnaires you can speak at any time to [registered manager] or staff." They also said that they were kept very well informed about any issues or events happening within the home. We found that people had the opportunity to express their views during residents meetings. We looked at records and found that people had recently discussed meals. We saw that meal planning had been adjusted to incorporate people's specific dietary requests.

The registered manager regularly reviewed the care and support provided to people. We saw there were systems in place to collect and record information. However we found little evidence of how information collected was used to identify concerns and issues which might improve the quality of care people received. The registered manager said that any issues identified through the checks completed were dealt with straight away. However they assured us they would update documentation to reflect any actions taken to improve the quality of the service.

Staff we spoke with confirmed that they were well supported by the registered manager and any concerns they had were listened to and acted on appropriately. They told us they had regular one to one meetings with the registered manager and felt confident to raise and discuss any issues. Staff confirmed they were provided with guidance and support by the registered manager which enabled them to feel confident in their role. Staff were aware of the provider's policies and procedures and of the whistle-blowing policy, which included raising concerns with external agencies if required. Whistle-blowing means raising a concern about a wrong doing within an organisation. The management structure within the home was clear and everyone knew who to go to if they had any concerns. There was a registered manager in post who provided continuity and leadership within the home. They were present in the home on a daily basis and demonstrated a good knowledge of the people using the service, members of staff and their responsibilities as a manager. This included the requirement to submit notifications when required to us when certain events occurred such as allegations of abuse.