

PJL Healthcare Limited

# Mayfield Adult Services

## 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

Mayfield Adult Services provides personal care, support and accommodation to up to four people with a learning disability and personal care to people who live in the community. This unannounced inspection took place on 28 October 2016. At the time of the inspection three people were living at the service and five people received support in the community.

We last inspected Mayfield Adult Services in June 2014. The service met all the regulations we checked at that time.

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.

During this inspection, we found the service was exceptionally well led and was very responsive to individual people's needs, wishes and preferences. All people, relatives, healthcare professionals and staff we spoke with were highly positive about Mayfield Adult Services and its management and staff. The registered manager encouraged people to aspire and achieve their goals.

Staff involved people in designing their care plans. Care plans were personalised. Staff looked at people's progress towards meeting their goals at regular key working meetings. People and their relatives said the quality of care at the service had significantly improved people's health and well-being. Staff supported people through positive behavioural support which contributed to them experiencing fewer incidents of behaviour which challenged the service.

People accessed healthcare services, specialist advice and treatment when needed and had regular reviews of their health. There was very good communication between the service and health care providers in monitoring and responding to people's health conditions. This led to fewer avoidable hospital admissions and an improvement in people's health.

People were safe at the service. Staff understood their responsibility and followed safeguarding procedures to report any concerns to protect people from harm. Staff felt confident to raise any concerns and felt that they would be dealt with promptly.□

Risk assessments were centred on the needs of the individual. People and their relatives worked in collaboration with staff and healthcare professionals to identify and assess risks to people's health and safety. Staff managed risks to people appropriately without restricting their freedom.

Staff were competent to manage and administer people's medicines safely. Medicines were stored,

recorded and disposed of safely and accurately.

The service empowered and gave people choice about their care. People received appropriate support to make decisions about their care in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People took part in activities they enjoyed and received support to pursue their goals. People were supported to develop their daily living skills and to live an active life. There were positive and friendly interactions between staff and people. People were treated with dignity and respect.

People had sufficient food to eat and drink. Staff encouraged people to eat healthily and helped them plan and prepare meals. People received specialist advice about nutrition from healthcare professionals and staff supported them to follow the guidance.

The registered manager encouraged learning for people, their relatives and staff about health conditions which enabled them to respond effectively to people's needs. Staff received relevant and specialist training on the care of people with autism and attended refresher courses when due.

Staff received regular supervision and appraisal to monitor their performance and professional development. The registered manager was available to people and their relatives. The provider safely recruited staff. People were involved in recruiting and induction of staff.

There was an open and person centred culture at the service that ensured effective communication. People, their relatives and staff felt able to discuss ideas and appropriately challenge the service to improve the quality of care. The registered manager sought people and their relative's views and used their feedback to improve care.

The provider and registered manager carried out regular audits on all aspects of care. There was effective follow up action when necessary to ensure improvements were made.

People and their relatives understood how to raise a complaint and any issues were investigated fully and resolved. Staff followed the procedure on incident and accident reporting.

## 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 understood safeguarding procedures and how to protect people from abuse.

There were sufficient staff to meet people's needs. The provider's recruitment processes were safe.

Staff involved people and healthcare professionals in assessing risks to people's health and well-being. Staff had sufficient information to manage the risks safely.

Staff managed and administered people's medicines safely.

### Is the service effective?

Good ●

The service was effective. Staff received ongoing training to carry out their role. Staff had supervision and appraisal to review their practice.

Staff supported people in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in decisions about their care.

People had access to appropriate health professionals when required.

People were supported to eat a healthy diet and follow nutritional guidance from healthcare professionals.

### Is the service caring?

Good ●

The service was caring. People and their relatives told us staff were kind and caring.

Staff treated people with dignity and respected their privacy.

Staff knew people well including their preferences, likes and dislikes. People received care in line with their wishes.

Staff encouraged people to develop and maintain independent living skills.

People were encouraged to be part of decision making about their care and felt listened to.

### Is the service responsive?

Good ●

The service was responsive. People were involved in developing their care plans and received individualised support as planned.

Staff regularly reviewed and updated people's support plans to ensure they remained effective.

Staff knew people's interests and preferences and supported people to achieve what they wanted.

People were involved in a wide range of activities and supported to lead fulfilling and active lives. People were enabled to develop and maintain their daily living skills.

Staff supported people to maintain relationships important to them.

People and their relatives knew how to make a complaint and were encouraged to raise any concerns.

### Is the service well-led?

Good ●

The service was very well- led. People, their relatives, staff and health care professionals spoke highly of management and the support people received.

The service had a positive and open culture. The registered manager ensured the service followed best practice and guidance.

People, their relatives and staff gave ideas about the development of the service. There was a strong emphasis on continuous improvement of the quality of care.

People and their relatives gave their views about the development of the service. This resulted in changes which benefitted people.

The registered manager used audit systems effectively to monitor the service and made improvements when necessary.

The service had close links with healthcare professionals and organisations to develop the service.

# Mayfield Adult Services

## **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 28 October 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During the inspection, we spoke with a person's relative, three members of staff and the registered manager. We looked at six people's care plans and their medicine management records. We looked at other records held at the service including staff recruitment, staff supervisions, appraisals and training records. We reviewed further records required for the management of the service including feedback from people, their relatives, quality assurance audits and health and safety documents.

We observed interactions between staff and people who used the service. In addition, 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.

After the inspection we spoke with two relatives and received feedback from six healthcare professionals.

# Is the service safe?

## Our findings

People received safe care at the service. One person told us, "Yes, I am safe here." Another person said, "I am happy here. It's a very nice place." One relative told us, "I don't have any concerns about [relative's] safety there. They [the staff] definitely know how to keep everyone safe at the home." Another relative said, "I do trust the staff and can talk to them. I have confidence in [the registered manager's] support."

Staff protected people from the risk of harm and abuse. Staff knew how to keep people safe and their responsibility to report any concerns. Staff were confident to raise any concerns and felt they would be dealt with promptly. One member of staff told us, "I would speak with the senior on duty, or could go to the police, local authority or CQC." People and their relatives had information about abuse and were encouraged to report any concerns. Minutes of staff meetings and supervision sessions showed the registered manager discussed the safeguarding policy and safeguarding issues with staff. One member of staff told us, "We all know what's expected, we discuss any concerns during team meetings." The registered manager kept details about any safeguarding referrals made to the local authority and the follow up action taken. People attended, "Keeping ourselves safe" workshops organised by the provider on how to protect themselves from abuse.

Staff understood the provider's whistleblowing procedure and the action they could take if they had any concerns. Information was displayed at the service about how anyone could report concerns and the relevant contact details.

People were protected from risks because they were well managed. Risk assessments were person centred and prepared with the full involvement of people, their relatives and other professionals to keep people safe at the service and in the community. Risk assessments were detailed and gave guidance for staff on how to support people safely.

People were supported to take risks without staff restricting their freedom unlawfully. For example, people received road awareness induction to ensure they knew their way in the community and to visit local places of interests when they wished. People were happy they could go out when they wanted. On the day of our inspection people had chosen a Halloween themed night and told us how excited they were. Staff told us outings increased people's confidence and made them more able to go out independently to different places. The registered manager had put additional staff and safety measures in place to manage any risks and maintain their safety whilst they went out. One member of staff told us, "Each person is in control of what they want to do. We work with them to ensure they achieve what they set out to do."

The staff team helped keep people safe by working with relatives to understand how to manage risks when people visited their families. Relatives understood the risk assessments and supported people safely. One relative told us, "It's so important that we do contribute and understand the risk assessments. We have [person's name] at home and need to know how to help them in a safe manner." Another relative said, "I feel that risk is managed correctly, achieving the right balance between safety and wellbeing of both staff and service users whilst allowing a full and engaging life."

Staff received specialist advice on how to manage risks to people safely. One healthcare professional told us, "Staff are very much aware of life threatening risks to people and diligently monitor the level of risk [regarding their health] and communicate with us appropriately." For example, an assessment was carried out for a person with swallowing difficulties. Staff had clear information on how to support the person to eat safely.

Staff knew what to do to protect people if a person had an accident or sustained an injury. The service maintained a record of incidents and accidents people were involved in. The registered manager analysed these events to identify any trends and to consider any action required to minimise a recurrence. Staff meeting minutes showed the registered manager discussed any accidents or incidents with the team to provide an opportunity for learning.

There were sufficient staff to support people safely. People received support from a small consistent team who knew them well and was familiar with their needs. One member of staff told us, "Consistency and routine help people feel safe and secure. When people know who is working with them they don't have to worry about it. Routine reduces anxiety." Another member of staff told us, "We book annual leave to minimise disruptions to [people]. We sometimes discuss with [person's name] when their regular support worker is going away on holiday." We saw the registered manager worked with people and their relatives to plan any staff absences. This was because some people liked to receive their support from particular members of staff and would be unresponsive to care from different staff.

There were sufficient staff to meet people's needs and the registered manager increased staffing levels if needed. We observed an increase in staffing levels on the day of our inspection to support people to go out. The registered manager told us there was an ongoing recruitment drive to replace members of staff who had left the service and to reduce the use of agency staff. Staff told us and rotas confirmed absences were adequately covered.

People were protected because staff knew what to do to in the event of an emergency. The service had an on call system where the registered manager and senior management were available if staff required support outside of office hours. Staff knew who was on call and had all relevant contact numbers to use in case of an emergency.

Staff were safe to work with people. The provider carried out pre-employment checks included obtaining references from their previous employers, confirming identification, criminal records check to confirm if applicants have been barred from working with vulnerable adults and children and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People were protected by a robust recruitment process which helped ensure staff were suitable and had appropriate skills and knowledge to meet people's needs. One person was supported to write a person specification for an advertisement to recruit staff to provide their care. The service held recruitment days and people and their relatives participated as far as possible. People and their relatives sat on interview panels. One relative told us, "It is important that potential staff get to hear first-hand what's required of them and to have a full appreciation of what's important to each person." Applicants were invited to attend half/whole day shadowing on shift to see if they got on with people and get to have a preview on an informal basis for what the role entails. This empowered people to be in control of who supported them.

People's medicines were managed and administered safely. Staff told us and records confirmed they had received medicines training and had undertaken a competency assessment. This was reviewed quarterly to check they remained competent. People's medicines were recorded on medicines administration record



charts and there were no omissions or errors in recording. Medicines were kept securely and stored appropriately.

People were supported to take their medicines. The registered manager assessed each person's ability to manage their medicines and identified how much support they required. Some people were prescribed "as required" (PRN) medicines. Staff had guidance for when to offer PRN medicines to people and were able to tell us in what situations they would do so. Staff followed the provider's protocol and maintained accurate records where people had received PRN medicines. Regular checks and audits carried out ensured people received the medicines at the right time and correct dose. The service worked closely with their local pharmacist who carried out audits in relation to safe management of medicines. A 2016 pharmacy audit report showed there were no issues that the registered manager required to act on. This confirmed the service followed the provider's medicine management policy and national guidance.

The equipment at the service was in good working order and safe for people to use. The service had up to date maintenance checks for gas, electricity, fire alarms and equipment. Staff involved people in fire evacuation drills and ensured they understood the procedures required to evacuate the building safely. Staff reported and recorded any maintenance issues. The registered manager ensured any repairs were carried out and completed in a timely manner.

# Is the service effective?

## Our findings

People received the support they required to maintain their well-being. One person told us, "They look after me ok." One relative told us, "The care is great." Another relative told us, "They [staff] are all experienced, competent and kind. I have full confidence that the care and support [relative] receives is extremely good."

Staff had relevant knowledge to carry out their roles. Staff had a comprehensive induction when they started work at the service which included understanding policies and procedures. The registered manager reviewed staff's performance during probation and confirmed them in post after proving their competency to support people.

Staff had appropriate training and experience to support people with their needs. People showed new staff how they wanted their support delivered as part of induction. Each person had an information pack and a video recording which described them, their needs and the support they required. Staff used this information to know people and their specific needs. People gave feedback to the registered manager at the end of induction if they were with happy with the staff and about how they would have provided their care. The registered manager considered people's input to find staff best suited to support them and to identify any training needs of staff.

People received support from competent staff. Staff had regular supervision and appraisal to support their development. One member of staff told us, "It's all about how to improve our work practice to support people achieve their goals." Another said, "We discuss what we can do to develop and how management can support us." Staff felt confident to approach managers outside of supervision if they required additional support. Supervision and appraisal records showed staff discussed their learning and developmental needs.

Staff had up to date knowledge to ensure best practice. Staff received regular and refresher training when required which included safeguarding, first aid and infection control. One member of staff told us, "The training is very useful." Another member of staff said, "The training helps us to fully understand [people's] needs and how to work with them the right way." Staff had also received specialist training in working with people living with eating disorders, autism and epilepsy. The registered manager had arranged training for the entire staff team and relatives and delivered an accredited training on positive behavioural support. This ensured there was always someone on duty who had the knowledge and skills to support each person safely. Relatives and healthcare professionals told us this had resulted in a reduction in challenging behaviour and increased quality of life of people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 Deprivation of Liberty Safeguards.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Staff sought and received consent from people about care and treatment. Staff supported people in line with the principles of MCA. The registered manager understood the process needed to assess people's mental capacity to determine whether people could make certain decisions. 'Best interest' meetings were held if people were unable to make specific decisions regarding their care. The registered manager and staff explained how they had worked with a person, their relative and other health professionals to support the person make a decision about their care. Staff knew what steps they would follow to ensure people in the service were not subject to unlawful deprivation of their liberty. The registered manager maintained a record of applications made and authorisations received relating to deprivation of liberty. Staff supported people in line with authorisations received.

People enjoyed the meals they received at the service. Staff supported people to have nutritious meals and discussed healthy eating options during key-working sessions. Staff had detailed information about people's dietary needs and preferences and understood how this could impact on their well-being. Staff monitored people's nutrition and hydration needs and made referrals to healthcare professionals when necessary. Staff received and followed guidance from a dietician about a person's nutritional needs which had improved the person's quality of life.

People were supported to be independent through planning their own meals plan and to do as much cooking for themselves as possible. One person told us, "I enjoy preparing my breakfast." We saw a person prepare a full cooked breakfast with minimal support from staff. People chose a day each week when they prepared a meal of their choice for everyone at the service.

People received appropriate care to maintain their health. Staff had sufficient knowledge on people's health needs and understood how their conditions affected their well-being. Each person had an individualised health management plan and included information about how staff should manage their conditions. For example, staff used a life sized drawing which enabled a person to express how they were feeling by pointing at the drawing to show which part of their body was in pain. Staff told us it had become easier for them to understand when a person was unwell and to get healthcare professionals' advice as appropriate. Staff made referrals and maintained records of appointments attended, visits and reviews made by healthcare professionals including podiatrists, social workers, opticians, dieticians, speech and language therapists and dentists. The registered manager ensured staff had clear guidance and acted on the advice received from healthcare professionals.

# Is the service caring?

## Our findings

People and their relatives were positive about the care and support people received. One person told us, "I am very happy here." Compliments from relatives included, "Can't complain. Great job by the manager and staff. [People] are at the centre of everything" and "They [staff] are passionate and have made the service a happy place for everyone."

People were supported to maintain relationships with family and friends if they wished to do so. Relatives and friends were made to feel welcome at the service. One relative told us, "There aren't any restrictions to the times we can visit. Staff are really helpful and will say if they have any concerns about us visiting." Care plans reflected the importance of maintaining these relationships for people. People told us they regularly received visits from or visited family and friends.

Staff had developed positive relationships with people and their relatives. We saw interactions between people and staff were friendly and respectful. Relatives told us people felt keen to return to the service to be with staff and other people after visits with their families. They believed this showed they were happy with the service. One relative told us, "It's a home away from home. Staff really care and they help." Another relative told us, "[Person] is very happy with the staff and life at Mayfield. They get on very well. The standard of care is excellent."

Staff knew people well and used this knowledge to meet each person's needs. There was a strong person centred culture and staff were able to tell us in detail what each person liked and enjoyed. People had a choice of staff who supported them and worked with a small team. This allowed staff to build relationships with people to gain an understanding of their needs and how they wished to be supported.

Staff provided care and support in a way that maintained people's dignity and privacy. People told us they felt able to maintain their privacy whilst in their rooms. One member of staff told us, "We don't just walk into people's rooms. We respect their decisions if they ask us to go in or to stay out." We observed staff knocked on people's doors and waited for their responses before entering. One member of staff told us they always "checked with people if it was ok to do anything for them." During our inspection, staff asked and confirmed people were willing to talk to us. The registered manager ensured staff understood how to promote people's dignity and treat them with respect in supervision. Staff respected people's preferences to be supported by members of the same gender with their personal care.

Staff understood people's communication needs and told us how they involved them in planning for their care and support. Care plans had a section which read, "How I tell you things and helping me to understand." For example, there was information on how staff were to read a person's behaviour changes and body language to understand their needs. We observed staff interact with a person with limited verbal communication. The person was comfortable and relaxed around the staff.

People had a collection of photographs of the activities they took part in and staff used these as an aid to communicating with them. One person had created a video entitled "This is me" to communicate their

needs and the support they required. Information about advocacy was available to enable people to have a stronger voice and support them to have as much control as possible over their lives. The service had arranged for advocacy services to support a person with important or complex decisions.

## Is the service responsive?

### Our findings

People and their relatives told us people received care which was highly responsive to their needs. One person told us, "The staff know my needs well." One relative, "The [staff] know everyone here. It all works very well and the level of care is high." Another relative said, "People are their priority. It's as good as it gets here."

Staff valued and promoted people's independence and supported them to define their goals and describe how they wanted care and support delivered. People and their relatives were involved in assessing and developing people's care plans. One relative told us, "From the very beginning we were fully involved with creating a very detailed care plan for our [relative]". Care plans were personalised and reflected people's needs and preferences. They also contained information about people's specific health conditions and how these might affect their daily lives. One member of staff told us, "We all focussed on making people's lives better." The registered manager ensured staff understood the care plans and had access to information about how to support people in a timely manner and deliver person centred care.

People received care and support that was appropriate to their needs. People, their relatives, advocates and health care professionals were involved in reviewing people's needs and records were updated to reflect this. Relatives said communication between them and the service was open and they were kept up to date on people's welfare. One relative said, "Staff are very good, they know [person] well and are quick to notice any changes. They do make contact when necessary to review [person's] needs. We are in constant email contact and fully involved in [person's name] life which is welcomed and actively encouraged." Another relative told us, "We are fully updated with all aspects of our [relative's] life and any changes of any type are relayed to us without delay." People's daily observation records were detailed and up to date. This was part of the everyday culture of the service and resulted in the ability of staff to be spontaneous to people's requests. For example to go out for a walk, talk, or just spend time with one another.

People received responsive and consistent support for their needs. Records provided detailed information on the best approaches for staff to use including communication and body language to respond to a person's needs. For example a person had a health condition which significantly impacted on their ability to manage their food intake. Staff had information on how they could make use of the person's strengths to support them to manage their behaviour to live a normal life. For example, the person responded to pictorial aids, writing on a board and charts which helped the person take control of their behaviour. Records showed staff supported the person to develop their skills on managing their relationship with food using these methods. Relatives told us how this had reduced incidents of challenging behaviours and improved the person's quality of life.

People were supported to follow their personal interests or hobbies. For example people went to the coast, walks in the countryside, caravanning and travelled within the country and abroad. A person was happy staff had supported them to travel to Japan as they had expressed an interest in the country and its culture. One member of staff said that the trips were, "An opportunity for people to be part of the wider community and to breakdown some of the barriers such as fear of socialising and going into public places." Records

confirmed people went on trips and of their choice and relatives felt this boosted people's confidence and self-esteem.

People told us there was a range of planned activities they could attend if they wanted to. This included music, exercise, swimming, painting, film evenings and nights out. One relative commented, "[Person's name] showed us all the things they have been doing this week with the staff including ice skating and football at the pub, which we are absolutely loving to hear. [Person's name] is thriving on the energy and support from staff! [Person's name] is supported so well....it is just what we wanted for him, but did not see anywhere we previously visited....excellence!" Another relative said, "[Activities] sessions have helped [person] to enjoy a full, active life, filling his days with meaningful activity." Staff were flexible and were spontaneous to people's requests. For example to go out for a walk, talk go out for a drive, go out to the shops or a one to one time chatting to staff. This empowered people to choose how they spent their day.

One person had identified they would like to take on a new hobby and learn how to swim. They had started to do so with support from staff and overcame their fears of being in water. Records showed the person enjoyed the swimming and was gradually increasing the sessions to more than once a week. Another person enjoyed visiting a local pub and went with staff as often as they wished. Care plans included these details and key-working records tracked people's progress in achieving these goals.

People were supported to gain new skills, build their confidence or experience new things. One person had received support to establish and run their own company in the local community. The service had received positive feedback about the person's skills whilst doing their job. Staff had discussed how they could further support this person which resulted in the person enrolling at a local college for a vocational course in general business management. The person commented, "I am a very passionate person and love to [type of work they do] and this vocation is important to me." Another person was attending college with a view to gaining new skills and going into formal employment. A health care professional told us, "Staff encourage [person] to go to college regularly. This has improved [person's name] outlook on life." People accessed the internet as they wished to complete their assignments for college and work related matters.

People received the support they required to promote their personal growth and development. For example, one person had a 'lifeday teaching plan' which the person could follow to manage their daily living. This included daily exercise, providing a consistent routine and building on their self-care skills to give them confidence. Staff provided an enabling environment to the person to achieve their goal by writing on a board in the bathroom a step by step process of having a wash. This had helped the person to manage their full personal care and dressing which they had not done before they came to the service. Relatives and staff told us they had seen a significant improvement in the person's confidence. Records showed the person's progress towards requiring minimal support from staff with their personal care.

People and their relative's views were listened to in regular resident and parents meetings. Staff asked for people's views spontaneously throughout the day when they interacted with them. One relative told us, "We have a parent panel, which was set up by [the registered manager], this meets regularly and is for the purpose of keeping us as families in touch with relevant issues at Mayfield and for us to raise anything we may wish to." The service held regular parent's meeting which enabled them to be involved in making decisions about the service. The registered manager told us they engaged the relatives to "influence service delivery and to create a network and support to families." Minutes of a meeting showed relatives shared experiences about people's health conditions and had made decisions about activities which they would like to be organised.

People and their relatives knew how to make a complaint. They had access to the provider's complaints

policy together with an easy read version for people to understand more easily. One relative told us, "I am able to speak up if I am not happy about anything, the manager always listens and has time to explain things." Another relative said, "Any minor concerns we have had, have been dealt with as a priority, and you can't ask for more than that." Staff discussed the complaints procedure during residents' meetings and key work sessions. The registered manager fully investigated complaints and took appropriate action to resolve matters. The registered manager told us, "We take any concerns raised seriously and resolve them before they get to be complaints. Listening and responding to people in the right way is important and promotes trust which is vital to ensure that people feel supported."

People's needs were recognised and met during transition between children's and adult services. One relative told us, "As parents, our worst fear as seen in other service provisions we visited was where young learning disabled adults are just 'minded', with no real desire to push boundaries, continue learning etc... Mayfield is certainly not such a setting and I feel a service can only be as good as its manager.[Registered manager's name] leads his staff teams to deliver the best outcomes possible at all times for residents, he is innovative and never complacent." Staff knew and respected people's care plan before they moved to the services and worked with other healthcare agencies to manage the transition into adult services effectively.



## Is the service well-led?

### Our findings

People, their relatives and healthcare professionals spoke highly about the service. The management team had developed and embedded a positive culture which ensured that people were at the heart of the service. One relative told us, "[Registered manager's name] is quite simply an outstanding manager, in my view. We were struck by his knowledge, understanding and pure drive to create good, meaningful lives for the adults in his care." One healthcare professional said, "I am pleased with the care. The manager is excellent." Staff were positive about the registered manager and told us, "The organisation is well managed" and "We've got a good staff team."

The registered manager was well supported by a wider management team and the provider. People's records and other information were well organised, readily available to us and easily accessible to staff. The management team understood their responsibilities and understood people's needs and the support they required. Staff described the registered manager as 'approachable' and 'highly knowledgeable' and 'very supportive' and said they could contact them for support and advice at any time.

Management and staff understood and shared the service's vision of "enabling people, empowering lives, fulfilling choice and positive outcomes" for people. This was reflected when talking to staff, healthcare professionals and in people's care records. For example the service empowered people to be involved in designing the care they received such as encouraging people to be involved in the interviewing and recruitment of staff. The management team had developed and embedded a positive culture of the service's values of 'meeting needs and excelling lives.' Staff knew the values of the service and explained the service had a 'value of the week.' Staff discussed values in supervisions to remind them about the importance of delivering care which reflected the ethos of the service.

The registered manager carried out regular quality audits to monitor and assess if the service provided people's support in line with the provider's values. For example, the latest audit showed the registered manager had used audit findings to reduce the service's reliance on use of agency staff. One relative told us, "I am pleased that the use of agency staff is minimal and limited to people who are familiar with the service wherever possible."

There were quality assurance systems in place for assessing, monitoring and reviewing the service. The registered manager and provider regularly reviewed and audited records to ensure staff had sufficient and clear information about people and the support they required. This included care plans, risk assessments, daily records and medicines management. The service maintained robust records of these audits. The registered manager notified keyworkers if there were issues that required improvement. For example, the recording of all the information about visits by healthcare professionals in a central place. This enhanced the care people received as this contributed to a thorough annual assessment of people's health. This was a positive step to working jointly with health professionals who had input to the regularly checks of people. It has also resulted in improved health outcomes for people.

The service adhered to the requirements of their registration with Care Quality Commission and had notified

us of all significant as required. The registered manager was clearly aware of their responsibility in relation to their duty of candour. There was openness and transparency within the service, resulting in a 'no blame' culture, where people their relatives staff were confident to question practice and report concerns.

The registered manager actively encouraged people who used the service and their relatives to feedback their experience of the service. Service user and relative's satisfaction surveys were sent out on a yearly basis and staff surveys carried out quarterly and questionnaires were also sent out to health care professionals. Comments we saw were very positive. The registered manager valued people's input in shaping the future direction of the service.

The registered manager recognised and celebrated the achievements of staff and shared compliments which congratulated the team for their hard work. For example, an email to all staff read, "Family is full of praise and compliments for [person's name] 'amazing' care and support and is very happy." Another emailed stated, "I would like to tell you how impressed I was with [person's name] care. I hadn't seen [person's name] in action very much until..." The provider used a 'Commendation – Well done form' on which people, their relatives and visitors could name the member of staff who had done a great job and what they had done. Comments we saw on these forms read, "Very impressed by the organisation of health checks about people" and "Great care and support for [person]."

The provider promoted continuous improvement at the service. The provider updated policies in line with changes to legislation. The registered manager was a positive behavioural support trainer and champion and was involved in the community in skills teaching for best practice in supporting people with a learning disability. The registered manager attended a provider's forum bi-monthly and quarterly seminars where national and internal updates were shared about supporting people with a learning disability. They also participated in the local clinical commissioning group and attended quarterly meetings for registered manager's network group. This ensured that the management team was aware of any new requirements introduced by the provider and development in the care sector.

Staff attended regular meetings and received the training and development they needed to be confident in their role. Staff told us they were motivated and enthusiastic about their work. They told us they felt well informed about the service, their responsibilities and areas for continued improvement through handovers, staff meetings and supervision sessions. One member of staff told us "Communication is great." Another member of staff said, "We all get the information so we know what's going on with people." Staff told us they enjoyed working at the service and commented, "Great team work", "Lovely staff and good leadership" and "A homely working environment and wonderful support." The registered manager circulated the agenda for staff meetings by email so staff could add issues for discussion.

Health care professionals had positive feedback about the high quality care people received at the service. Comments written to the registered manager included, "We have also been impressed by your [service] excellent liaison with secondary care providers treating [people] at your service" and "how impressed we are with the level of care you provide to [people] in managing at times difficult and challenging behaviour... for providing what is truly outstanding care." Staff told us and care records confirmed the positive relationships which ensured excellent 'joined up' care and better outcomes for people.