

Leegate Care Limited

Mayfield House

Inspection report

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Tel: 01952504647

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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?	Requires Improvement ●

Summary of findings

Overall summary

Mayfield House is a residential care home for six people with a learning disability. At the time of the inspection four people were using the service. Mayfield House is a large detached property with local amenities and transport links close by and the home is staffed 24 hours a day. Mayfield House followed the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Mayfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good, however, the rating for Well-led had changed to Requires Improvement because the manager had not ensured that they remained up to date with changes in legislation and guidance. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safeguarded from the risk of abuse as staff were trained to recognise and respond to any signs of abuse. There were sufficient numbers staff to meet people's needs in a safe way. The provider followed safe recruitment procedures to ensure that appropriate staff were employed. Risks to people were assessed and well managed. People's medicines were safely managed and administered. There were effective systems in place to reduce the risk of the spread of infection.

The principles of the Mental Capacity Act 2005 (MCA) were being followed and people were supported to have maximum choice and control of their lives. People were supported to eat sufficient amount of food in line with their needs and preferences. People's health and well-being was monitored and people had access to a range of health service. People were cared for by staff who were supported and had the skills and training to meet their needs.

People were treated with dignity and respect. People's privacy was respected and staff supported people to make choices. People had access to an advocate if they needed one.

People were provided with opportunities for social activities and they were supported to maintain contact with their family and friends. People received a service which met their needs and preferences. There were effective procedures in place to respond to any concerns or complaints. People's end of life wishes were being gained.

There were effective management systems in place and there were systems to monitor the quality and safety of the service provided. People were supported by a team of staff who felt supported and valued.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered manager was not aware of recent changes in guidance and legislation and had not implemented strategies to ensure that these were enacted in the home.

The registered manager was approachable and visible in the home.

Systems were in place which assessed, monitored and improved the quality of the service.

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 November 2018 and was unannounced. It was undertaken by an inspection manager.

We looked at statutory notifications sent in by the provider. A statutory notification is information about important events which the provider is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We used this information to help plan the inspection.

During our visit we met with the four people who used the service. We also spoke with two members of staff and the registered manager. During our visit to the home we observed how staff interacted and communicated with people.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of one person who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance

Is the service safe?

Our findings

People were safeguarded from the risk of abuse as the staff and registered manager knew what to do if they suspected someone had been abused. One person told us they felt safe and that they would talk to staff if they were concerned about anything. The registered manager told us: "There haven't been any safeguarding issues for a long while but I would contact the local authority if there were any concerns. The registered manager had referred any safeguarding concerns to the local authority in the past. We observed that people looked happy and comfortable in the company of staff.

Risks of harm to people were assessed and minimised through the effective use of risk assessments to support people to safely partake in daily activities. Some people had previously had incidents within the community which could have put themselves or others at risk. We saw that the risk of these incidents occurring had been minimised through the risk assessments which were followed by staff supporting people.

There were sufficient numbers of staff to meet the needs of people who used the service. The registered manager told us that they worked supernumerary to support people when they were going on activities or remaining at home whilst others went out. Safe recruitment procedures were followed to ensure staff were of suitable character to support people.

People's medicines were stored and administered safely by trained competent staff. We saw that regular staff observations were undertaken by the registered manager to ensure that staff practise was safe.

People were protected from the risk of infection as staff followed safe infection control procedures when supporting people. The registered manager told us that they were hoping employ a domestic assistant to help with the cleaning of the home but had so far been unsuccessful. However we saw that all areas of the home were clean and hygienic.

Is the service effective?

Our findings

People's needs were assessed and reviewed by the registered manager to ensure that they were being met at the service. People's care was delivered in line with the registering the right support guidance which is designed to ensure people received personalised care to meet their individual needs.

People had access to a range of health professionals who supported the staff to care for people effectively, such as the community learning disability nurses. When people became unwell or their needs changed, staff supported people by seeking health advice and attending appointments with people. On the day of the inspection one person was supported by staff to visit their GP. This meant that people's health care needs were being met.

People were supported by staff who had the skills, training and experience to meet their needs. Staff were knowledgeable about people's needs and they told us how they supported them. The registered manager accessed training specific to people's individual needs. Staff told us they received the support and training they required to fulfil their roles effectively.

One person told us they liked the food they were offered and we saw that people were supported to eat and drink sufficient amounts of food and drink to remain healthy. There was a menu in place which was based on people's preferences. People had a choice of food and staff encouraged people to eat a healthy diet however they respected people's right to eat unhealthy food at times.

The environment was designed to meet the needs of people who lived there. Everyone had their own room, there was one communal area and a large kitchen. One person proudly showed us their room which had been decorated to suit their taste. The home was decorated in a modern and homely way to suit the needs of the young adults that lived there.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was following the principles of the MCA to ensure people were being supported to consent to their care where they lacked capacity to do so.

Is the service caring?

Our findings

People were treated with dignity and respect and their right to privacy was upheld. We observed that interactions between staff and people were kind and caring. One member of staff told us how they enjoyed working at the service and they treated people as if they were family in a respectful way.

Although people who used the service had limited communication they were offered the opportunity to talk with us so as to be involved in the inspection process. One person showed us their bedroom and the registered manager allowed us some time alone in case the person wished to talk in private.

People were involved as much as they were able to be in decisions about their care and support. We saw relatives had stated on a quality questionnaire that staff always kept them informed of their relatives wellbeing. One person had signed their care plans and we were informed that another person had an advocate who supported them in any decision making process.

Is the service responsive?

Our findings

People's care was personalised to meet their individual needs and preferences. People's care plans were clear and comprehensive and gave staff the information they needed to respond to people's needs in a way that suited them.

People were actively involved in hobbies and activities of their liking. On the day of the inspection everyone was going out into the community to participate in a hobby or activity of their own preference with individual staff members. One person was going for a coffee and a cake whilst another was going to visit their GP. Staff told us that people went out almost everyday and in the evenings too dependent on their chosen activity.

The registered manager told us that no one had any specific diverse needs. They told us that if anyone expressed a desire or a wish to be involved in anything they would do what they could to facilitate it. Staff were committed to supporting people to follow their interests.

The registered manager told us that some people had end of life plans which relatives had supported them to complete. This would support staff to ensure people's wishes would be respected when the time came.

People knew how to make a complaint and provide feedback about the care they received and were confident that this would be acted upon. There was a complaints procedure, however we were told that there had been no recent complaints to investigate.

Is the service well-led?

Our findings

There was a registered manager in post who knew people who used the service well. 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.

The registered manager had not kept themselves up to date with changes in legislation and good practise. They informed us that they were a member of Shropshire Partners in Care (SPIC), however we found that they were not aware of the Equality Act 2010 and the protected characteristics or groups protected under the Act. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The registered manager was also not aware of the Accessible Information Standards. From 1st August 2016 onwards, all organisations that provide NHS care and /or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Implementing these policies and practises would enhance people's experience and would ensure people were receiving care and support that met their individual needs.

Staff we spoke with told us that people were at the centre of everything and were involved as much as they were able to be in making choices in how their care was delivered. We observed respectful interactions between staff and people. The registered manager took the necessary action when staff practise was not as it should be in relation to treating people with respect.

Staff we spoke with told us about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training. One member of staff told us: "I love working here".

Systems were in place which assessed and monitored the quality of the service and staff at the service liaised and worked with other agencies to ensure that all of people's health needs were being met. These included local authorities, health professionals and advocates.

The registered manager knew their responsibilities in relation to their registration with us and had notified us of significant events.