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

About the service
Mayfield Adult Services is a residential care home and supported living service providing personal care to five people living with a learning disability at the time of the inspection. Three people lived in the residential care home and two in supported living. The service can support up to four people at the residential care home.

The supported living service was one house with shared lounge and kitchen. There were three bedrooms, with two people living there at the time of the inspection.

The care home accommodates up to four people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was located with other homes run by the provider, in a campus style and a rural location. This is not in line with current best practice guidance. However, the impact of the rural location was mitigated as staff ensured people accessed the community regularly. Due to the service being located with other homes, in the campus style, the home appeared large. However, its style was in keeping with other local properties. Staff wore their own clothes when supporting people so as not to draw attention to the property being a care home.

People's experience of using this service and what we found
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion, as far as possible. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were safe and protected from abuse by staff who understood safeguarding and how to respond to any concerns. Risks to people's safety and wellbeing were assessed and mitigated. Staff had a positive approach to risk, to ensure people lived full lives. There were enough staff available to support people. People were supported to take their medicines safely. Infection control was well managed. When things went wrong, lessons were learnt.

People's needs were holistically assessed and planned for in-line with evidence-based guidance. Staff were supported with induction, training and regular supervision. Staff had specialist training to meet the needs of people. People were supported to eat a healthy balanced diet. Staff worked with other professionals to ensure people's healthcare needs were met.

People were treated with kindness, care and respect. Emotional support was provided as needed. People were able express their views and make decisions about their day to day support. People's privacy and dignity were respected. Staff sought to encourage and develop people's independence.

People received personalised care. Staff knew people well and activities were tailored to their interests and preferences. Staff understood people's communication needs and used specialist techniques. People felt able to raise any concerns they had and complaints were responded to in a timely way. People's needs at the end of the lives had been considered.

There was a positive and person-centred culture. Staff were well supported by the registered manager and had positive working relationships with their colleagues. The registered manager understood their responsibilities under the regulations and duty of candour. People, staff and other professionals were involved in the development of the service. Quality assurance processes were used to audit and improve the service. Staff worked in partnership with other agencies and professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 19 January 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Mayfield Adult Services

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
Mayfield Adult Services 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.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.
We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, team leaders and care workers. We spent time observing people's interaction with staff and one another.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke to one person's relative about their experience of the care provided.
We spoke to two health and social care professionals.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the support from staff. One person told us, "When [other resident] gets upset I say danger and go in there [bedroom]. It helps make me feel safe."
- Staff understood safeguarding and types of abuse. One member of staff told us, "Safeguarding is keeping everybody safe, residents and myself." Another said, "I make sure no one is treating them in a discriminatory way." Systems and processes were in place to keep people safe. Staff had training in safeguarding and knew how to report concerns, and to whom.
- When there had been safeguarding concerns, staff had contacted the relevant professionals, such as the local authority and CQC. Records showed the investigations into concerns and lessons learnt.
- Staff understood about whistleblowing. Whistleblowing laws are designed to protect staff who speak up when they witness wrongdoing. One member of staff said, "It's telling somebody if there is something I am not happy with. The first point would be my manager and the directors."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed. Some people living at the service could present with behaviour that challenged. Staff were trained in prevention, de-escalation and restraint methods. We saw that people were supported in-line with their individual guidelines.
- The registered manager and staff sought to prevent behaviour when possible. For example, one person displayed self-injurious behaviour, particularly at night. To try and reduce the impact of change of night staff for the person, a pictorial board had been used. However, this meant they became anxious earlier in the day. Night staff then tried coming in earlier and sitting with the person as they went to bed. This reduced the number of self-injurious incidents for the person.
- Staff had a positive approach to risk and continually reviewed measures to ensure people were not unduly restricted. For example, people were supported to go ice skating and roller blading.
- Risks about the environment were considered and planned for. Checks on the electrics, gas and water safety were regularly completed. Checks were carried out on fire equipment and people had personal emergency evacuation plans (PEEPs). PEEPs showed the support a person would need to leave the building in an emergency. Fire drills were completed regularly.

Staffing and recruitment

- There were enough staff available to meet the needs of people. The registered manager explained how they looked at the gender balance and skill mix when planning staffing and the rota to ensure people's needs were met. One member of staff said, "On the whole, the staffing level is pretty good."

● The registered manager explained that recruitment was ongoing, and that new staff were due to start in the new year. Additional support hours were picked up by existing staff, or agency staff who were known to people.
● Staff were recruited using safe recruitment practices, such as references and Disclosure and Barring Service (DBS) checks. DBS checks help employers to make safer recruitment decisions. Questions asked at interview were competency and values based and questions from the point of view of the people being supported had been included.

Using medicines safely
● Medicines were managed safely. Medicines were ordered, stored, given and disposed of safely. Guidance for staff showed how people liked to take their medicines. Staff had training in giving people their medicines and their competency to do so was assessed.
● Some people were prescribed medicines given by injection. Staff had been trained to give these medicines and how to monitor people's blood glucose levels. Any used needles were safely disposed of.
● Some people were prescribed 'as required' (PRN) medicines, such as pain relief or medicines to help people relax when anxious. There were clear protocols in place for when people should be offered and given these medicines. We saw that other methods to distract people and reduce their anxieties were used before PRN medicines were considered.
● People who were able to do so were encouraged to manage their medicines independently. One person showed us where they kept their medicines, how they recorded they had taken them and records of their medicine stock.

Preventing and controlling infection
● The spread and control of infection was well managed. Staff had training in infection control and access to personal protective equipment, such as gloves and aprons. When people displayed behaviour which increased the risk of infection, this was planned for and methods to reduce the risk were implemented.
● The home was clean and tidy. We saw staff cleaning during the course of the inspection.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. Accidents and incidents were monitored and reflected on, to reduce the risk of reoccurrence. For example, one person had behaved in a dangerous way whilst in the kitchen. To prevent the risk of this happening again staff reviewed their risk assessment and stopped them accessing the kitchen for a short period. Staff developed a social story, explaining the risk and consequence of the behaviour and were regularly reading this with the person.
● When people displayed behaviour that challenged, staff supported them in-line with bespoke assessments. Antecedent, behaviour and consequence (ABC) forms were used to help staff identify what had caused the behaviour and what could be done differently in the future.
● Pictorial debriefs had been used with some people to help them and staff understand the reason for their actions after an incident. For example, one had been used when a person hit a member of staff. This had been discussed with the staff member to look at how they could change the way they supported the person, such as laughing with them more.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed using recognised tools. For example, the disability distress assessment tool (DisDAT) which assists staff in understanding when a person is distressed.
- Some people living at the service lived with autism. The registered manager explained that they began to use the SPELL (Structure, Positive approaches and expectation, Empathy, Low arousal and Links) framework from The National Autistic Society to understand and respond to people's needs. We saw that this approach was imbedded into the person's support plans, which staff were supporting them in-line with.

Staff support: induction, training, skills and experience

- Staff new to the service were supported with an induction. The registered manager explained that the programme had been recently revised and updated, using feedback from staff that had gone through it. New staff spent time learning about people and their needs, then covered some of the legislation about care and specific information needed to support people, such as their diagnoses. Activity schedules for each person had also been created to help staff feel more confident in supporting people, to whom routine was important. A member of staff who had recently been through induction told us, "I'm learning so much about complex needs and PWS and how to support people. I have been shadowing [staff], they have been my ports of call for getting to know [person] and them getting to know me."
- Staff were supported with regular supervision. A member of staff said, "It started off with fortnightly catch up meetings to make sure we were both seeing the same things. I get feedback so know if there is something I can do better." Another told us about a recent group supervision. They said, "We could all discuss together, then had the opportunity to discuss separately."
- Staff had training to meet the needs of people. For example, some people at the home lived with Prader-Willi Syndrome (PWS). This is a is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural problems. The provider joined the Prader-Willi Syndrome Association (PWSA) and staff had attended two conferences held by the PWSA. A member of staff said, "I came back with a lot of information and help, like different strategies for behaviours." They told us that changing the support for one person about their self-injurious behaviour had helped to reduce how often these occurred.
- Staff had training in Autism. One member of staff told us, "It just changed the entire way I support [person]. We follow the SPELL framework, which made me think on a much deeper level. Changed the way that I see and deal with [person's] phobias. I've taught them to manage it better." They explained that following this training staff have supported the person with desensitisation about health appointments and support.

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat and drink and maintain a balanced diet. Those living with Prader-Willi Syndrome had bespoke menus which detailed the calories in their meals, to ensure they were receiving the right nutrition. Care plans included the nutrition people needed and support needed about food security. Security of food is important for people with PWS as one of the characteristics of the condition is hyperphagia, an insatiable appetite.

● Information about food was provided for people who needed it. For example, some people required reassurance about the food planned for the day. They had pictorial daily menu planners which they could carry with them, and we saw staff confirm what was planned with people when they required reassurance.

● People could make decisions about what to eat and drink, as appropriate. For example, the evening meal was chosen by people on a rota basis and people chose which fruit they wanted for snack.

Adapting service, design, decoration to meet people's needs

● The home and supported living service were located alongside other homes run by the provider, in a campus style complex. There was a shared garden at the rear of the property which people could access, with staff support. A swing in this area was regularly used by one person living in the home. Although the area is shared with other services, the registered manager explained that it was rare for people to be using it at the same time as those living in the other homes.

● People's bedrooms were personalised according to their tastes. For example, one person told us they had chosen the colour of their walls. Their bedroom included a wall which had been decorated with a picture of their choice, linked to their known interest in oriental culture.

● The registered manager acknowledged that the communal areas, such as the lounge and dining room needed decoration to make them more homely. There were plans in place to redecorate these areas.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● Staff worked with other agencies and health care professionals to ensure people had effective and consistent care. Health action plans were in place to share information about people's health conditions and needs.

● Staff ensured people had healthcare support when they needed it. One person's relative told us, "[Person] said they were unwell yesterday. Staff are looking to get the doctor today. They are brilliant, they will ring me." One person was at increased risk of infection. Staff were carefully monitoring them, including regularly taking their temperature, as they did not communicate pain or discomfort at an early stage.

● People living at the service had complex health conditions. Staff understood these well and worked with relevant professionals to ensure people had the right support. For example, creating positive behaviour support plans with specialist psychologists. A health and social care professional told us, "They always keep us fully informed of any test results received from a GP and if they are unsure of the results they always ask for clarification from the GP. They know what services we provide and when it is best to seek help from primary care sources."

● When people had specific health needs, such as diabetes, these were known and understood by staff. People were supported to test and monitor their blood glucose levels regularly.

● Care plans included support people needed with personal and oral care. People saw the dentist regularly. One person had previously been fearful of the dentist and staff had worked with them to reduce this fear. This meant that they had been able to have a dentist visit the home and check their teeth.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People's capacity to make decisions had been considered and assessed when necessary. Staff had training in MCA and DoLS and understood the principles. The registered manager had identified that some of the assessments completed previously did not involve the person and relevant others. They were in the process of reviewing these assessments.
- Mental capacity assessments that had been completed more recently included pictorial support and social stories to ensure the person could be meaningfully involved in making the decision.
- Staff understood the importance of people making day to day choices. One member of staff said, "With these guys, they can make choices. We encourage them to make their own choices. With making choices over their medical or health needs, we would support them to make choices... We support them in the least restrictive way possible." They explained how one person was being supported with a medical issue, attending appointments and that staff had created social stories to help the person understand the medical concerns.
- People living at the residential service were subject to DoLS. Where conditions to these had been set, they were complied with, such as regularly reviewing the use of 'as required' (PRN) medicines. Staff understood who was subject to DoLS and how they needed to support them.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care. One person's relative told us, "There are some really good staff in there." For example, one person became distressed about Christmas. Staff responded to their needs, they spoke with the person and provided consistent and clear communication. They used a picture board to help the person understand how long it was until Christmas and when it would be over.
- A health and social care professional told us, "The support workers are caring and understand their needs and wishes." Another said, "People always seem well kempt, happy and staff respond well to the needs of the service user."
- People and staff were comfortable in each other's company. We saw people chatting about their plans for the day and things they would be cooking. One person told us, "I like my staff and living here." A person's relative told us, "It's the good quality of the care itself."
- Staff understood equality and diversity. One member of staff told us, "I treat them how you would want your family or friend to be treated by anyone." Care plans included people's religious and cultural needs. For example, family background and cultures which they enjoyed. One person enjoyed oriental culture, and this was supported. Staff had decorated their room in this style and they were supported to access community activities, such as a Japanese garden.
- People were supported to explore their cultural heritage by attending specialist events and visiting restaurants. This had also been considered when planning the food menu.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their support and making day to day decisions about their care. A member of staff said, "We let people make their own decisions, as much as they can." They gave us an example of one person who often chose to wear shorts in the winter. They explained they would respect the decision but suggest adding tights and a jumper. Another member of staff said, "We try to make sure they can do things as freely as possible. You are supposed to be meeting the needs of the person, not yourself."
- Staff understood how to support people to make decisions, and how this changed according to their mood. One member of staff said, "I use PECS folders. I assess their mood and depending how they are, I might limit choice to two or three choices, rather than the whole folder."
- People made decisions about their day to day activities. One person told us, "I have a board with post it notes, staff write on with me what I need to buy from the shop."
- People met regularly with their keyworkers. Pictures were used to help people communicate their views

and minutes of the meetings detailed what people had said. Some people were involved in writing down their views and thoughts about their day, alongside staff's notes.
● People were supported to access advocacy services as necessary.

Respecting and promoting people's privacy, dignity and independence
● People's privacy and dignity was respected. A member of staff told us, "When people have private time, we shut their doors. Make sure people's boundaries are respected and think about how people would want their dignity protected. I ask for permission to enter and wait for them to communicate their response. On a daily basis I am checking it happened, like shutting the door when people have their medicines."
● Pictures were used around the home to improve people's independence. For example, in the kitchen pictures made it clear which was the washing machine and tumble drier. This had meant that people could now independently identify where to put their washing. Pictures had also been used in one person's bedroom so they could identify which drawers their clothes were in.
● Care plans highlighted areas that people could manage independently, and where they need staff support or guidance. For example, people were involved with the preparation of their meals, when possible. One member of staff told us, "I take in a measured milk amount and the cereal amount. [Person] sees it is consistent and is involved in preparing their breakfast." Another member of staff said, "I like helping them to do as much as they can. It's very fulfilling and rewarding."
● Staff understood confidentiality. Care plans and other personal information about people were kept in a lockable office. A member of staff told us, "Handover is not done in front of residents if not about them, or anything they do not need to hear about. Done in dining room as it is a private space. We only say what people need to know."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. For example, one person was becoming more anxious over the course of the day. Staff came to speak to the registered manager about the person sharing a car, as the type of behaviour they were showing often led to them hitting out at others. It was agreed they would not share a car with a peer.
- Staff understood what was important to people. For example, one person had sensory needs about smells. Staff had created a smelling box for the person. We saw them using this with staff support.
- A health and social care professional told us, "The staff that I have met during my visits and had contact via emails and telephone calls, are very helpful, they have a full understanding of my service user's needs."
- Care plans included detailed information about people, such as what was important to them, their preferred lifestyle and how staff could safely support this.
- The registered manager considered which traits people responded well to and sought to match these in the staff that supported them. For example, one person's care plan said that they liked people who were firm, fair staff who were talkative and fun. We saw they were supported by staff who matched this description.
- People were involved in setting goals. For example, going out to night club. These were reviewed monthly to see if they had been achieved. Then new goals were considered to help people further develop.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known and understood by staff. Support plans detailed the support people needed around their communication and people had individual communication passports. For example, one person was selectively mute. We saw staff support them by speaking to them through their door or over the telephone, when they wished to speak.
- People used a variety of communication methods including Picture Exchange Communication System (PECS). People who used this system had boards which helped them plan their days and choose the activities they wished to do.
- We saw people and staff communicating together using Makaton. Makaton uses signs and symbols to help people communicate. It was designed to help hearing people with learning or communication difficulties. It uses signs and symbols, with speech, in spoken word order. The signs that people used were included in

their communication passports, with photographs of staff doing the signs.
● People also had sensory passports. This information helped staff to understand how they would present when in crisis, when their mood was escalating and when happy and relaxed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People had individual activity planners. These were in a picture format, so people could identify with them. They were also guidance for staff and illustrated a person's preferred support when they were well and in times of crisis.
● Staff encouraged people to keep moving and engage in healthy lifestyle activities. For example, we saw people spending time on exercise balls and on treadmills. This exercise activity was particularly important, due to their health conditions. Staff encouraged people, laughing and singing with them and counting down to when they reached their goal. One person told us, "I do exercise. I joined the gym and like doing the treadmill and the bike."
● People spent time out and about in the community, attending health appointments, visiting local parks and visiting shops. Some people had chosen to go out to a nightclub in the evening. Staff understood risks of some social activities for people, such as for those living with Prader Willi Syndrome. Staff checked whether venues would be providing food, so people would be prepared.
● People spent time together listening to music, we saw staff and people talk about the songs and choose which songs to play together.
● People were supported to go on holidays or for short breaks. Two people left for a short winter break during the inspection. They were being supported by staff during these breaks and were excited about their holidays whilst packing.

Improving care quality in response to complaints or concerns
● There was a complaints policy and easy read complaints procedure available to people. A log was kept of complaints which showed timely responses. For example, one person had complained of a smell in their home. They were supported to contact the landlord.
● People knew they could speak to staff or the manager if they had any concerns. One person said, "I'd talk to staff or the manager. They would listen." A person's relative said, "There is an open-door policy, so if I have anything at all I can raise it. For me it has worked really well."

End of life care and support
● People living at the service were young, and staff had not supported someone at the end of their lives. However, people's end of life care preferences had been considered and discussed with the person and their family. For example, where they wished to be cared for and any particular needs or wishes.
● The registered manager was exploring end of life training for staff, to ensure they could support people when the time came.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager explained the values of the service. They told us, "What I see the most is this value of understanding. We want to learn and understand the causes for behaviour and communication. We know behaviour is communication, so we want to understand what is going on and why it is going on. We value enabling, upskilling and achieving a quality of life - physical wellbeing, mental wellbeing and participation."
- One person's relative told us, "It was important to find a provider with the expertise. I've found that at Mayfield, their ability to listen and take on board, and that's what they have. They educate their staff in what they need to do and the unique healthcare side." They added, "Because of the care implemented, the understanding and support, [person] has thrived."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under duty of candour. When things went wrong, they were open and honest with people and their families. They told us, "It is about being transparent in the information you have, and what is going on with your service." Information had also been shared with other agencies, such as the local authority and CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager supported the staff team. When staff were struggling in their roles, they were offered support and guidance. The registered manger told us, "We are active managers and like to be away from the desk and observing what is going on in the service." A member of staff said, "You get a lot of support from management and team leaders." Another said, "He is quite easy to talk to, if you have a problem he has an open door and you can chat freely."
- Staff were passionate about their roles. One member of staff said, "I love it, I love the guys, the staff and the management. I get such a good feeling out of work, feel I have done well today and am proud of it."
- Information was shared with staff through an electronic application. Messages were sent out to staff through this application when rotas were available, policies or the care plans of the people they supported changed. The secure application required staff to sign in to access the information.
- The last inspection rating was displayed within the home and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Surveys had been sent out to people's family and friends, staff and other professionals. Feedback was largely positive, items for discussion following the staff surveys were included in the staff meetings.

● Staff met regularly to discuss the service and people's support. Staff worked in teams to support people, so met together in these teams to consider the person's support, and any changes needed. Staff also met as a full staff team to discuss health and safety, training, staffing and reflect and share learning from incidents.

Continuous learning and improving care

● Quality assurance was used to identify areas for improvement. The registered manager acknowledged that audits had not been carried out as regularly as planned, due to staffing and other changes at the service. However, audits which had been completed identified areas for improvement. A self-assessment audit about stopping over medication of people with a learning disability, autism or both (STOMP) led to changes in people's medicine profiles, to ensure healthcare professionals were regularly reviewing the level of medicines they were taking.

● Medicines audits were completed regularly, looking at the levels of stock, recording and whether there had been any errors. For example, a trend about stock levels had been identified and addressed.

● Action was taken following audits of the service. For example, a positive behaviour support audit in June 2019 highlighted the need to improve staff knowledge. Three staff had then had additional specialist training to teach positive behaviour support and evaluate other staffs' competency.

● Staff were constantly looking for ways to improve the support they provided. The registered manager had developed a spreadsheet to monitor for themes and trends in accidents, incidents, near misses and behaviours. They had been able to recognise specific triggers for people in this way. For example, one person appeared to be having more incidents on the weekend. Staff felt this might be related to a food item on a Sunday. They trialled different menu items, eventually removing the menu item causing the person anxiety, and were able to reduce the number of incidents for this person.

● The registered manager had an action plan in place showing their plans for the service and areas they were looking to develop.

Working in partnership with others

● A health and social care professional told us, "Everything seems in the correct order and run well. Up to date information is emailed regular, and we are informed of any incidents that occur." Another said, "Mayfield staff are very proactive in response to emails, always bring clients to appointments and always inform us if there is an issue. They contact immediately if there is a crisis with a service user and give full details regarding the issues."