The Mayfield Trust

# The Mayfield Trust Outreach Service

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

We inspected The Mayfield Trust Outreach Service on 30 January 2017. The visit was announced at short notice to make sure the registered manager would be available.

The last inspection took place on 28 & 29 June and 13 July 2016. At that time, we found the provider was not meeting the regulations in relation to good governance and staff training. We returned on this inspection to check improvements had been made.

The Mayfield Trust is an independent charity providing a range of care and support services to children, young people and adults with learning disabilities and other complex needs. The services provided include supporting people to join in community based activities and personal care. At the time of the inspection personal care was only being provided to ten people, which is the part of the service the Commission regulates.

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

The service primarily supported children and adults to pursue a range of activities in the community, for example, swimming, bowling, wall climbing, play gyms, parks and visits to local places of interest. They had two mini buses and people using the service went out in groups supported by staff. The service operated at weekends and if people required support with their personal care in order to access this service this was provided by care workers.

There were enough staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured only staff who were suitable to work in the service were employed.

People told us their relatives received a reliable service from a consistent team of care workers who were kind and caring. Staff were able to offer support with medicines, meals and healthcare appointments if these services were required. People had their own individualised care plan, which was reviewed on an annual basis or as and when their needs changed.

Safeguarding policies and procedures were in place and staff were aware of the need to report anything untoward in order to keep people safe.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards (DoLS).

Staff training was not up to date but this had been identified through one of the service's own audits and

plans had been put in place to address this.

A complaints procedure was in place and we saw when concerns had been raised these had been responded to and resolved.

We found some quality audit systems had been introduced but these were still in their infancy and needed to be tested over time to see how effective they were.

## 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 how to keep people safe and would report anything untoward.

There were enough staff to support people and meet their needs. Safe recruitment procedures were in place, which ensured only staff who were suitable to work in the service were employed.

Staff were able to support people with their medicines if this was required.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Staff training was not all up to date; however, plans had been put in place to address this.

Policies and procedures were in place in relation to the Mental Capacity Act
2005.

Staff could provider people with support with meals and drinks if this was required.

### Is the service caring?

**Good**

The service was caring.

People were supported by regular care workers. This consistency enabled care workers to develop meaningful relationships with the people they supported.

People told us staff were kind, caring compassionate and helpful.

### Is the service responsive?

**Good**

The service was responsive.

Care plans were in place, which detailed the care and support

people required.

People were aware of the complaints procedure and any complaints had been dealt with and resolved.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The registered manager was being supported by the assistant operations manager to bring about improvements. People were positive about the management of the service.

Quality assurance systems had been put in place but these needed to be tested over time to ensure they were effective in driving forward improvements.

# The Mayfield Trust Outreach Service

**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.

The inspection visit to the provider's office was made on 30 January 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one adult social care inspector.

At the time of inspection the service was providing personal care and support to 10 people.

During the visit to the provider's office we looked at the care records for four people who used the service, one staff recruitment file, training records and other records relating to the day to day running of the service. We also spoke with a care co-ordinator, the training and development officer, health and safety officer and registered manager.

The inspector spoke with five relatives and following the visit to the provider's offices they spoke with a further three care workers.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us.

We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

Good

# Is the service safe?

## Our findings

Safe recruitment procedures were in place. These included ensuring prospective staff completed an application form and detailed their employment history and qualifications. Checks on staff character to ensure they were suitable for the role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, obtaining references and ensuring an interview was held.

The registered manager told us that sufficient care staff were employed for operational purposes. They also told us they would not offer a service to any new customers until they had enough staff in place to cover the visits. People told us their relatives received support from the same group of care staff which helped to ensure continuity of care. Our review of records, discussions with relatives and staff, led us to conclude there were sufficient staff to ensure people's needs were met and that people received consistent care.

Relatives told us they felt the service was safe and their relatives' care was in 'Safe hands.'

We saw there were safeguarding policies and procedures in place and safeguarding was discussed at individual supervision sessions with staff. However, staff training was not up to date and whilst some staff were able to tell us they would report anything untoward they were not clear about the wider safeguarding process.

Where care and support was being provided in people's own homes we saw an assessment of the premises had been undertaken to ensure they were safe. The registered manager told us staff were observant and if they felt any repairs or improvements were needed they would report these.

We saw infection prevention procedures were in place and all staff had received relevant training. Disposable gloves, aprons and hand gel were all available at people's homes and on the minibuses which were used to transport people.

Care records, for people who used the service, contained identified areas of risk. Risk assessments were in place which covered, for example, moving and handling, continence and falls. We saw where risks had been identified; action had been taken to mitigate those risks. For example, details of the support one person needed when they were not using their wheelchair, to reduce the risk of falls.

The medicines administration policy had been updated since our last inspection so it was relevant to managing medicines in people's own homes. There was information in people's care files about the medicines they were taking, what they were for and any possible side effects. Care workers were only administering medicines to one young person who used their service on a regular basis. This person's relative told us the care worker was competent and medicines were given as prescribed. We looked at the medication administration record (MAR) and saw it had been fully completed.

We spoke with one of the care co-ordinators who explained some people who used the service had medicines which needed to be administered in a medical emergency. We saw the medication care plan

covered this and detailed the amounts to be given and the administration method.

Requires Improvement

# Is the service effective?

## Our findings

We asked the relatives if they felt the care workers had the right skills and training to fulfil their role. They told us care workers knew what they were doing and they had confidence in the staff.

We looked at the staff training policy which identified seven mandatory courses. We looked at the training matrix for the care workers who were providing care and support to people in their own homes. We found some of them had not completed all of the organisation's mandatory training or that training was not up to date. For example, two care workers had not completed infection prevention training, six had not completed safeguarding children training, one had not completed safeguarding adults training and another staff member had not had any refresher training in emergency first aid, infection control and health and safety since 2013. We went through the training matrix with the training and development officer to check their records to make sure our findings were correct. Following the inspection visit the assistant operations manager sent us a revised training plan showing the mandatory training courses had all been booked and they would be monitoring the progress. This assured us these training needs would be met.

The registered manager told us staff completed induction training and any staff who were new to care would complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It was designed to equip health and social care support workers with the knowledge and skills they need to provider safe and compassionate care. It is aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification).

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection.

We saw there was a policy in place entitled 'Consent to care and treatment' which covered the MCA and 'Best interest decision making.'

The registered manager identified they needed further training in relation to the MCA and DoLS and how the legislation applied to their service. For example, we discussed issues around consent to care and treatment with them. When we spoke with one relative they told us they had been involved in developing their

partner's care plan. We asked the registered manager if the relative had 'Lasting power of attorney for care and welfare,' which would give them the legal authority to make those decisions. The registered manager said they thought they had but this could not be evidenced. The majority of the people using the service were young people whose parents were able to consent on their behalf. However, there was no clear plan about how consent would be sought when they became adults. The assistant operations manager advised us they would be providing additional assistance in this area.

We saw people's nutrition and hydration needs were detailed in their care plan, if they required support from care workers. There was clear information about any particular likes and dislikes and any adaptations which were required. For example, the use of a special drinking beaker.

We saw the care plans had details of healthcare professionals who were involved with people who used the service. The registered manager told us it was family members who dealt with appointments and general healthcare needs, but care workers would deal with any emergency situations which arose.

Good

# Is the service caring?

## Our findings

The relatives we contacted all spoke extremely highly of the care workers. One person told us, "[Name] is fantastic, they are hardworking and I trust them completely." Another person said, ""The staff are great and we have had the same ones for five years. They are patient and take their time, explaining what they are doing. I am absolutely delighted with the care we get." A third person commented, "We have consistent staff who are excellent. They have known [name] for a long time and have a very good understanding of their needs."

We saw care plans were person centred and each was prefaced with a one page profile of the person who used the service. This gave information about their likes and dislikes and 'Things you need to know about me.' From this information it was easy to get a very quick overview of the person and their needs. The care plans had been developed in 'easy read' format with lots of illustrations and photographs.

We saw there was a policy in place which covered dignity and respect. This informed care workers about treating each person as an individual, enabling them to maintain the maximum possible level of independence, choice and control. We asked people if staff treated their relative with dignity and respect. One person told us, "They always make sure [Name] is covered up going from the bedroom to the bathroom."

We spoke with one care worker who told us they were working with one person to become more independent with their meals and drinks. Adapted cutlery had been obtained and a drinks cup with a straw. This showed us care workers were looking at ways to increase people's levels of independence. In another person's daily records we saw care workers had commented when the person had helped to wash and dry their own hair.

We saw in the recruitment files when staff first started they had signed an agreement regarding keeping people's personal information confidential. There was also information in the 'Service User Guide' which advised, "Staff have signed a confidentiality form which means they must keep anything they see or hear about you confidential and not tell anyone else." We also saw care workers had been reminded at staff meetings about confidentiality.

Good

# Is the service responsive?

## Our findings

Before people started using the service the registered manager or senior member of staff visited them to assess their needs and discuss how the service could meet their wishes and expectations. Care files had assessments in place detailing people's needs. From these assessments care plans were developed, with the person and/or their relative, to agree how they would like their care and support to be provided.

People we spoke with confirmed they had been involved, with their relative in developing their care plan. Reviews of the care plans were completed annually or as people's needs changed. One person said, "[Name's] care plan is always up to date and I had a text message about having a moving and handling review." Another person told us, "If I ring up they bend over backwards to help." A care worker told us when anyone's care needs changed they told the registered manager and the care plan was updated accordingly.

We looked at four care files and found detailed care plans in each one which set out clearly what support care workers needed to provide. Care workers confirmed care plans were available in each people's homes for them to refer to. Care plans were detailed and provided good guidance for staff. For example, in one person's care file it identified the person had a tendency to put items in their mouth and advised staff the best option was to put a spoon to their mouth to retrieve the item. Daily records were also maintained which detailed exactly what care and support had been delivered.

When we inspected the service in June 2016 we found complaints were not being documented or responded to in line with the organisation's complaints procedure. On this visit we found improvements had been made.

The relatives we spoke with all told us if they had any concerns they would fell able to raise these with the registered manager. We saw the complaints procedure was detailed in the Service User Guide and was available in an 'easy read' format with illustrations.

We saw two complaints had been made and the records clearly showed what the registered manager had done to resolve the issues to the complainant's satisfaction. This showed us complaints were being recognised and acted upon to bring about improvements to the service.

The service primarily supported children and adults to pursue a range of activities in the community, for example, swimming, bowling, wall climbing, play gyms, parks and visits to local places of interest. They had two mini buses and people using the service went out in groups supported by staff. The service operated at weekends and if people required support with their personal care in order to access this service this was provided by care workers.

Requires Improvement

# Is the service well-led?

## Our findings

When we inspected the service in June 2016 we found the provider did not have suitable arrangements in place to regularly assess and monitor the quality of the service and we told them to make improvements. On this inspection we saw some quality audits had been introduced which were identifying areas which required action to be taken.

We saw a full service audit had been completed in December 2016 and this had identified a number of issues which needed to be addressed which mirrored what we found during our inspection.

The audit identified all staff needed Mental Capacity Act and Deprivation of Liberty Safeguard training, some refresher training and supervisions which were outstanding. The registered manager had started to address the issues and the training and development officer was arranging relevant 'face to face' and on-line training for care workers to complete.

The assistant operations manager told us they were supporting the registered manager to make improvements in the service. They told us they were developing their own audit tools, but these had not yet been implemented.

We concluded as the audits were relatively new the provider needed to ensure the development of their quality systems continued so they could be assured the service was being well managed and developed in line with best practice.

All of the relatives and care workers we spoke with told us the registered manager was approachable and helpful. One care worker said, "[Name of registered manager] is really good and tries their best for all staff and makes sure everything is done." They also said they had and would recommend the service to others.

Care workers told us The Mayfield Trust was a good organisation to work for. One person said, "I have loved working for Mayfield ever since I started."

Some of the relatives we spoke with told us they had received satisfaction surveys, but had not always completed these. The registered manager had introduced three monthly telephone contact with people and/or their relatives to get their views about the service and to check they were happy with the care and support. The results we looked at showed people were very satisfied. This showed us the registered manager was being pro-active in getting people's views.

Care workers told us staff meetings were held and we saw the minutes of the last meeting which was held in December 2016. Monthly newsletters for staff were also produced which provided staff with information and reminders about outstanding training.