

Condover College Limited

Mayfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mayfield House is a residential care home for six people with a learning disability, associated physical disability and/or autistic spectrum disorder. Mayfield House is a large detached property and the home is staffed 24 hours a day.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There were sufficient staff to meet people's needs in a safe way. Staff were trained to recognise and report any signs of abuse. The provider's procedures ensured 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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to eat well in accordance with their needs and preferences. People's health and well-being was monitored and supported. People were cared for by staff who had the skills and training to meet their needs.

Staff interacted with people in a kind and respectful manner and they knew people well. People's privacy was respected and staff supported people to maintain their dignity. The provider's procedures relating to confidentiality were understood and followed by staff.

People were provided with opportunities for social stimulation and work placements and they were supported to maintain contact with their family and friends. Staff ensured people saw healthcare professionals when they needed. People could be confident that they received a service which met their needs and preferences. There were effective procedures in place to respond to any concerns or complaints.

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.

Further information is in the detailed findings below

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 Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Mayfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection and was carried out by one adult social care inspector. The inspection took place on 23 October 2018 and was unannounced.

Prior to the inspection the provider submitted a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service 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 contacted Healthwatch and local commissioners to seek their views on the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. No concerns were raised. We used this information to help plan the inspection.

During our visit we met with the six people who used the service and one relative. We also spoke with four relatives on the telephone. We met with two members of the provider's senior management team and five members of staff. 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 three people 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 safe. Although people were unable to use speech to tell us about their experiences they looked relaxed and interacted with the staff who supported them. A relative said, "I have no worries at all about [Name of person's] safety. They have the freedom to move around in a safe environment." Another relative told us, "I know [name of person] is safe at Mayfield."

The provider's procedures for protecting people from the risk of harm or abuse were understood and followed by staff. Staff had received training about safeguarding adults from abuse and knew how to report any concerns. We were informed there had not been any incidents at the home in the last twelve months. Before staff started working with people, they were thoroughly checked to ensure they were suitable to work with people.

People were supported to live their lives with reduced risks to themselves or to the staff supporting them. A member of staff said, "It's all about supporting people to do the things they want to do in a safe way." A relative told us, "[Name of person] does so much at Mayfield. I never dreamt they would be able to use a kettle and make themselves a hot drink." Care plans contained risk assessments which identified the risks to the person and how these should be managed by staff in the least restrictive way and these were understood and followed by staff.

Staff told us there were enough staff on duty during the day and at night to ensure people received safe and effective care and support. We observed a good staff presence during our visit and saw staff were available to support people when they needed them.

The provider's procedures relating to health and safety helped to ensure people lived in a safe and well-maintained environment. Maintenance staff were employed and staff told us repairs were dealt with promptly. Equipment had been regularly serviced and there were regular checks to ensure hot water temperatures remained within safe limits.

Each person had a personal emergency evacuation plan which gave details about how to evacuate people from the home in the event of an emergency. Fire detection systems were checked weekly and systems and equipment was serviced annually by an external contractor. Staff received regular training in fire safety.

People's medicines were safely stored, managed and administered by staff who were trained and competent to carry out the task.

The service was kept clean and staff understood and maintained good infection control and food hygiene practices.

The deputy manager told us there had not been any accidents in the last twelve months. They told us any accidents would be fully documented and analysed by the provider's senior management team which would help to identify any traits or actions to reduce the risk of the accident happening again.

Is the service effective?

Our findings

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. We observed staff were confident and competent when they interacted with people. A member of staff said, "We get all the training we need. There is so much. I have never been asked to do anything that I haven't been trained to do." A relative told us, "The staff have so much energy but they are so calm. They know and manage [name of person] so well. I couldn't manage without them."

Before staff started working with people, they completed an induction programme which gave them the skills and training to meet people's needs effectively. New staff shadowed experienced staff which helped them to get to know people, their preferences and how their needs should be met. Care staff also completed the Care Certificate. The Care Certificate standards are recognised nationally to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

People were supported to eat well in accordance with their needs and preferences. Staff used pictures, speech, signs and objects of reference to assist people to make choices about what they wanted to eat and drink. A person who lived at the home was keen to show us their communication passport where they pointed to pictures to indicate their favourite food. People were supported to be as independent as possible. For example, one person who was visually impaired, was able to make their own drink using a liquid level sensor. Staff used hand on hand techniques which enabled people to chop vegetables and butter bread.

Before people moved to the home they were assessed to establish whether their needs and aspirations could be met. People were able to spend time, including overnight stays at the home before moving there on a permanent basis. This enabled the person to get to know their peers and the staff team. A relative said, "[Name of person] was fully assessed. They had an overnight stay and the introductions were really good. Their transition from [previous placement] was carefully planned."

People were supported to maintain good health and wellbeing. A relative said, "The staff are very hot on medical care. [Name of person] has endless medical appointments and the staff are reliable and keep me informed." The same relative also told us, "[Name of person] was in a wheelchair when he first moved in and we were getting nowhere with the medical profession. One meeting with the [provider's] physiotherapist and everything was sorted and appointments were made for them to have hip replacements. [Name of person] is running now and has a new lease of life."

Each person had a health action plan which contained important information to help support people with a learning disability when admitted to hospital. Care plans showed that people had received annual health checks by their GP and had access to other healthcare professionals including dentists. People also saw professionals to meet their specific health needs such as epilepsy and other complex health needs. Staff recorded the outcome of people's contact with health care professionals in their plan of care.

People's legal rights were protected because staff worked in accordance with The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff had undertaken training in the mental capacity act and knew how to support people who were unable to make decisions for themselves. Care plans contained information about people's capacity to consent to areas of their care. Where people lacked the capacity to give consent best interest decisions had been made.

Throughout our visit we observed staff sought people's consent before they assisted them and they respected their wishes. We heard staff asking people what they wanted to do and they responded quickly to any requests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection the registered manager had made applications to the appropriate authority.

People lived in a comfortable and well-maintained environment. There were three communal areas and each person had their own bedroom. People had been involved in choosing colour schemes and furnishings.

Is the service caring?

Our findings

People were supported by kind and caring staff. A relative said, "The staff are really lovely and they love [name of person] to bits." Another relative told us, "The staff make everything easy and there is always a relaxed atmosphere. I am very happy with the care my [relative] gets." Staff spoke with great fondness when they talked to us about people and their interactions with people were caring and gentle. People chose to spend time with staff, only going to their bedrooms for short periods.

We observed staff supporting people to make choices using the person's preferred form of communication. For example, one person was shown two different drinks and they were able to make their choice. Staff placed their hands on top of another person's hands (who was visually impaired), moved one hand while verbally giving one choice and then the other hand for the second choice. The person was then able to move their hand to indicate their choice. Another person used an assistive technology device which, when they tapped pictures on the device, it produced spoken words. We observed the person using this throughout our visit to make choices and decisions.

Staff ensured that people were provided with information in a format they understood. There were photographs of the staff on duty, photographs and pictures of activities, meals and places of interest. Parts of people's care plans and information about the services provided had been produced in an easy to read format. There was also information about community events and advocacy services.

People were supported to develop and maintain a level of independence. A relative said, "[Name of person] is now able to wash and dress themselves. They have grown into a young [person] since moving to Mayfield." Staff described how they assisted people to maintain their independence and they were aware of the importance of this. They described how they encouraged people to do what they could for themselves whilst they provided the person care and only offered the assistance when needed. The care plans we read were reflective of this.

Staff respected people's right to privacy. People had their own bedrooms which they could personalise in accordance with their tastes and preferences. We observed that people could access their bedrooms whenever they wanted.

The provider had procedures in place relating to confidentiality and these were understood by staff. People's care records were securely stored and we observed that staff ensured they did not discuss people in front of others.

Is the service responsive?

Our findings

Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and the support they needed, focusing on what was important to the person. A relative said, "I cannot believe what [name of person] has achieved since they have been living at Mayfield." Another relative told us, "Everything is planned and centred around what [name of person] wants to do."

Relatives told us they were involved in regular reviews of their relative's care. A relative said, "Communication is very good and I always attend the reviews."

Care plans contained profiles of people and recorded key professionals and relatives involved in their care. Care plans detailed family and friends who were important to them and provided information about people's social history, hobbies and interests. This helped staff to be knowledgeable about people's preferences and family dynamics and enabled them to be involved as they wished. A relative said, "The staff know [name of person] very well and I know they like the staff. I know [name of person] is very happy and settled at Mayfield."

People had opportunities to develop new skills through meaningful work experience. The provider employed a job coach whose role was to source suitable work experiences for people who had finished their education. On the day of our inspection two people were supported to do recycling. Staff told us about other people who collected requests for cleaning materials from the provider's other homes, returned these to a central store and then distributed the items on another day. We were shown photographs of people enjoying their work experience.

People were supported to access a range of activities in the community. These included a cycle park, with adapted bicycles, swimming, bowling, gym sessions and dancing at a local nightclub. People also enjoyed meals out, visits to places of interest and regular holidays.

Information was provided in an accessible format for the people who lived at the home. Examples included photographs, symbols and easy to read care plans. Shopping lists had been produced using photographs and symbols which meant people were able to choose what they wanted. Throughout our visit we observed staff using signs, symbols and objects of reference when communicating with people.

People were supported to maintain contact with their family and establish new friendships. One person used an assistive technology device which enabled them to communicate with their family on the telephone. Another person used a tablet computer to keep in contact with their family. People also enjoyed regular stays with their family. Regular events and celebrations were held at the provider's other homes which provided people with the opportunity to meet with other people who used the service.

The provider had procedures in place to respond to any complaints or concerns. There had been no complaints in the last 12 months. People's relatives told us they felt confident that any concerns would be fully investigated. One relative said, "I haven't had to complain. Communication is really good and if there

are any niggles I just ring up and it's sorted." There was a poster displayed in people's bedrooms which had a worried/angry face and a removable sign which said 'help' which the person could take to a member of staff if they felt worried about anything.

There was nobody receiving end of life care. However, care plans contained information about people's cultural, religious and spiritual needs and preferences and preferences following death. In accordance with their preferences, staff supported people to attend the local church and to celebrate religious events.

Is the service well-led?

Our findings

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 registered manager was not available for this inspection however we were able to talk to them on the telephone after our inspection. They spoke of their commitment to ensuring people received a high quality service.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Staff were honest and open; they were encouraged to raise any issues and put forward ideas and suggestions for improvements. We had not received any concerns or information about significant incidents since the last inspection.

People were cared for by staff who were well supported in their role. A member of staff said, "I get good support. I have regular supervisions with the [registered manager] or deputy manager and it's an opportunity for me to talk about what training I would like to do or what I want to improve on." Another member of staff told us, "I really love working here. The [people who live at the home] are great. We have a good staff team and we support each other."

The relatives we spoke with had confidence in the management and staff team. One relative said, "The manager and staff are all very open and welcoming and the communication works really well. If I ring, the messages are always passed on. They are all great." Another relative told us, "They [the registered manager and staff] are marvellous. Everything seems to run smoothly and I have no concerns."

The provider promoted an ethos of continuously learning, improving and ensuring sustainability. All staff were provided with opportunities to develop their skills and knowledge through training, attending conferences and taking on lead roles for example, communication. Communication champions regularly met with the speech and language therapists to discuss people's needs and to ensure staff had the skills and knowledge to help people reach their full potential. There was a safeguarding working group which met regularly with Shropshire Partners in Care (SPIC) and any learning was shared with the staff team.

There were regular meetings and annual conferences for the management team which provided opportunities to share good practice with other registered managers. External speakers provided additional learning. These included another care provider who shared lessons learnt following an incident in their service and a solicitor who provided training about The General Data Protection Regulation (GDPR) which came into force in May 2018. The provider had achieved a gold standard Investors In People accreditation. Accreditation is awarded to organisations who demonstrate a commitment to the management and training of their staff.

There were procedures in place to monitor and improve the quality of the service provided. In addition to in-house audits, members of the provider's senior management team carried out in-depth audits which focused on the five key questions we ask; is the service safe? Effective? Caring? Responsive? And well-led? Action plans were developed and monitored where improvements were needed. The provider's senior management team also monitored staff performance through out of hours unannounced visits to the home. No concerns or areas for improvement were found during an unannounced night visit.

People's views were sought daily and their choices were respected by staff. Examples included, choosing the staff they wanted to support them, making choices about how they spent their day and what they wanted to eat and drink. We observed routines were flexible and based on people's preferences.

People's relatives were provided with satisfaction questionnaires which enabled them to comment on the quality of the service provided. The results of a recent survey had not yet been returned. However, we read numerous compliments from people's relatives. Comments included, "Thank you for brilliant and much needed care and support for [name of person]. Their health and attitude has greatly improved." And, "It is great to see [name of person] so actively engaged in daily living and being supported to access so many mainstream activities."

People benefitted from strong links with the local community. Examples included work placements and using the local leisure facilities, local shops, cafes and pubs. People were also supported to visit a local church.

The provider and registered manager worked effectively with other health and social care organisations to achieve better outcomes for people and improve quality and safety. These included speech and language therapists, GP's, commissioners and the local authority. The professionals we contacted did not express any concerns at the time of our inspection.

In accordance with their legal responsibilities, the provider had conspicuously displayed their previous inspection rating in the home and on their website. The provider had informed us of significant events which had occurred in the home.