

The Mayfield Trust

# Domiciliary Care Services and Supportive Living Services

## Inspection report

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Date of inspection visit:  
14 December 2022  
15 December 2022

Date of publication:  
03 February 2023

## 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

Domiciliary Care Services and Supportive Living Services is a supporting living and domiciliary care service providing personal care to people living in the Calderdale area. The service provides support to people with a learning disability and autistic people. The service provides supported living services in 5 locations. At the time of our inspection there were 24 people using the service either in their own homes or in supported living locations.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service met the principles of Right support, right care, right culture.

Right Support:

People were safe and protected from avoidable harm. Detailed risk assessments were in place and regularly reviewed to make sure staff knew how to support people safely. Medicines were managed safely.

Adaptations were put in place to enable people to manage their own medicines wherever possible.

Environmental risks were identified and addressed through audit systems. The model of care met the right support, right care, right culture guidance. There were enough staff to meet people's needs and support people in meeting their lifestyle choices. Staff were safely recruited. 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. When people were not able to make important decisions, the best interest process was followed. People were supported to be as independent as possible.

Right Care:

The service focused on people's quality of life and maximising skills. Care delivery was person-centred. Care and activities to meet people's preferences were planned in a way that met people's individual needs and interests. Opportunities for new experiences such as meaningful employment were sought. People's communication needs were met. People's relatives told us staff picked up on non-verbal communication and alternative methods of communication were used as needed. People told us they were happy and were genuinely fond of staff. One person said staff were like family to them. Staff demonstrated a respect for the people they supported.

### Right Culture:

Audit systems were in place to make sure people were safe and received the support they needed and had a good quality of life. Staff received training appropriate to the needs of the people they supported and understood the mission, visions and values of the service. People had opportunities for their views of the service to be heard. People were supported to be part of the local community and to raise awareness of living with a learning disability.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This service was registered with us on 10 October 2020 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Domiciliary Care Services and Supportive Living 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 Health and Social Care Act 2008.

### Inspection team

This inspection was conducted by 4 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service provides care and support to people living in 5 'supported living' settings, 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.

This service also provides personal care to people living in their own houses and flats.

### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who had submitted their application to become registered manager with the CQC.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also announced visits to the 'supported living' settings because we needed to make sure people consented to a home visit from an inspector.

Inspection activity started on 9 December 2022 and ended on 6 January 2023. We visited the location's office and 4 supported living services on 14 and 15 December 2022.

#### What we did before the inspection

We reviewed information we held about the service. We sought feedback from local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service, 10 family members and 13 staff including the service manager, who had applied to CQC to register as the manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 7 people's care records and medication records. We looked at 3 staff recruitment files and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and poor care.
- People and relatives said they felt safe. When we asked relatives if they thought their family members were safe, their comments included, "Yes no doubt about it", "Yes very much so" and "Yes absolutely 100%."
- Staff had received safeguarding training and understood when and how to report abuse.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed. 'Holistic Risk Assessment & Management' documents outlined the risk, who could be affected, what actions were needed to minimise the risk and what might contribute to the risk not being effectively managed.
- Staff knew people very well and managed their risks appropriately. However, we noted that some of the actions staff took to manage varying level of risk was not always recorded. For example, when the consistency of a person's food was altered according to their health status, this was not fully reflected in their risk assessment. Staff took action to address this immediately.
- Accidents and incidents were recorded and reviewed by the health and safety manager to establish any themes and patterns which could be addressed to reduce the risk of reoccurrence.

Staffing and recruitment

- Recruitment was managed safely. Where possible, people who used the service were involved in the interview process.
- Staffing was arranged around peoples commissioned one to one hours and needs. Staff were available in all of the supported living houses on a 24-hour basis with staffing levels determined by people's needs.
- Staff told us there were always enough of them to make sure people received the support they needed safely.

Using medicines safely

- Medicines were managed safely.
- In the supported living houses, medication was stored safely according to people's needs. For example, some people had their medicines in locked cupboards in their bedrooms.
- Medication administration records were completed well, including records for application of topical medicines, such as creams.
- Where a person needed their medicine to be crushed, this had been discussed with the GP and pharmacist.
- People were encouraged and supported to self-administer their medicine where possible. One person had

an electronic medicine dispenser that had been adapted so the person could use it independently.

- Medicines prescribed to be taken 'as required' were managed well. A relative told us staff were, "Mindful" of when their family member might need their medicine and said a plan was in place for staff to follow.

#### Preventing and controlling infection

- Systems were in place for controlling and preventing infection. Settings we visited looked clean.

#### Learning lessons when things go wrong

- The management team maintained an overview of the service and were open to review of systems and procedures to improve the service provided. For example, changes to staff roles had been made when issues had been identified. This change remained under review.
- The management team had been proactive in challenging professionals involved in people's care and support when they felt the support they were receiving was not in line with their needs.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Prior to being offered a place at one of the supported living houses, people followed a robust transition process which allowed them to get to know staff and for staff to assess their needs. The process involved staff spending time with the person in their current environment, visits and overnight stays to the service. Where appropriate, people's relatives were able to stay with them overnight during the transition process. Length of transition was tailored to people's needs. For example, one person's transition took place over 18 months to make sure it was the right move for them.
- An 'Agreement of expectation' was in place for people receiving care in their own homes. This detailed the service to be provided, including the training and checking of staff and the expectation of the person's family.
- A 'Look Book' had been developed to help people decide about whether they wanted to use the service. The book was in an easy read cartoon style and gave information about what the person could expect from the service.
- People's holistic assessments very detailed and person-centred. The manager told us they were live documents and updated in line with people's changing needs.

Staff support: induction, training, skills and experience

- New staff followed a comprehensive induction. The induction included details about the organisational mission, visions and values. Staff worked with their mentor during induction discussing people's needs, valuing people and their rights, independence and choice. Induction also covered mental capacity, safeguarding and professional responsibilities.
- Staff said they received the training they needed including on-line as well as specialist training for the needs of the people using the service. 'Timian Training' was used as part of positive behaviour support training. This training looked at building up relationships and how to recognise what needs are not being met, and how this leads to behaviours of anxiety, challenging behaviour.
- Staff said managers were supportive and supervision was arranged regularly. One staff member said they had used their supervision to request further accredited training, part of which they had already completed.
- Relatives told us staff completed the training they needed to meet their family members specialist needs. One described staff as, "enthusiastic well trained and committed."

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

- In the communal living settings, people had weekly meetings to set a menu for the week. This was flexible and people could choose alternatives if they wanted. One person told us, "I've eaten out today so I'm not having tea. I might have a sandwich later on if I fancy it."

- One relative told us how staff supported their family member with maintaining their special diet.
- People were involved in shopping and cooking in line with their abilities.

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

- 'Health Care Action Plans' were in place for each person. These gave details of health and social care staff involved in supporting people. Documentation showed people were supported to attend health care appointments.
- People were supported, where appropriate, to make decisions about their health care needs. Where needed, best interest meetings had taken place to establish the best course of action for the person.
- One relative told us about how staff had responded when they discussed a health issue they thought might be affecting their family member. The person said, "(Staff member) looked into that, they listened and acted on lots of things."
- When asked if staff supported their family member with healthcare issues, a relative said, "Yes they do, and they go above and beyond. (Person) ended up in hospital not long ago, staff stayed with (them) at the hospital all night." Another gave an example of how staff supported their family member following an operation.

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

- A relative told us a hoist had been put in the sensory room for their relative before they started using the service. They told us, "They are good at adapting for needs and discuss things. It's ongoing."
- We saw cushioning on the walls of one person's room to help protect their safety, blended in with the colour of the wallpaper to make it less obvious.
- People were happy with their flats or rooms. They had been supported to decorate and furnish them as they chose.

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 MCA 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.

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

- None of the people using the service had current Court of Protection orders in place.
- Where people lacked capacity to make important decisions, the 'Best Interest' process was followed. For example, when a person needed a medical examination for some potentially serious health issues, a best interest meeting was held involving health and social care professionals along with the person's family members.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence.

- We received positive feedback from people and relatives. One person who had lived at the service for many years said, the staff listened to them and were "great", they said staff "are like family." Another person told us they "loved" living at the service. When we asked if they would change anything, the person said, "No, I'm happy here." Staff we spoke with demonstrated caring values. One said, "When working in someone's home you have no right to take over, you ensure you make them feel valued and safe".
- Holistic assessments included a section about people's 'cultural identity' and gave detailed information about people's individual cultural and diverse needs and how staff should support people to meet them.
- People generally received support from the same staff, so their care was consistent. One person described their support worker as "fantastic".
- Care staff gave examples of how they respected people. One gave examples of how they made sure a person's dignity was supported through promoting independence and choice.
- We observed caring interactions between staff and people living at the service. Staff clearly knew people well and people were complimentary of the support they received.
- People had adapted equipment or technology to manage risks to their care or promote their independence.

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

- Holistic assessments gave information about how staff needed to support people in making decisions. For example, the assessments gave information about how the person processed information and the time they might need to do this. Information was also given about alternative ways to support people in making decisions.
- People's relatives told us how their family members were supported to make decisions. One said their family member's "voice is very well heard" after staff supported the person as they needed. Another relative said, "(Person) is encouraged and they (staff) listen to (them). They (staff) understand (person's) communication."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Systems were in place for supporting people in a person-centred way that met the needs of people with a learning disability and autistic people. The approach supported the principles of Right support, right care, right culture.
- People had person centred plans and profiles in place that clearly reflected the person, their personality, what was important to them and what people appreciated about them. Photographs were used to help staff make sure they supported people in the way they preferred. For example, one person had a photograph of them sitting in their 'safe place', a picture of their dining table showing where they liked to sit and their preferred crockery and cutlery and pictures of their bedroom and bathroom and description of the support the person needed from staff in these areas.
- Holistic assessments which detailed people's needs and the support they needed to meet these needs were person-centred and included the individual's goals and aspirations.
- Detailed information about how to support people in areas including communication, activities and life goals, life skills, personal care, physical and mental health and coping with situations they found difficult, were detailed in the assessment.
- Holistic assessments were a live document and included up to date information about progress the person had made, any changes to their health and social wellbeing and what they were doing to meet their goals and aspirations.
- Staff told us how doing a monthly summary of the daily records made about people helped them to review any changes in their wellbeing.
- People's relatives gave examples of how they, and their family members were kept involved in making sure the care and support they received was appropriate to their needs. One relative told us their family member had daily discussions with staff whilst others gave examples of how staff kept them informed, sought their views and involved them in care planning.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were being met.
- Holistic assessments gave examples of how people's behaviours were accepted and viewed as a form of

communication. One relative told us how staff were very responsive in picking up on their family member's communication through their behaviour.

- Relatives gave examples of methods staff use to communicate with their family member. This included simple explanation, pictures and symbols.

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 engaged in activities appropriate to their abilities and needs.
- Relatives told us about a range of activities their family members were involved in. This included swimming, gardening, cooking, shopping, attending activities at day centres and visits to places of interest. One relative said, "Things are sorted in (person's) best interests, shaped by (their) interests."
- The provider held events for people to engage in. A recent event had been a 'Mayfield's got talent show' involving all the services. An allotment was also used by people with each house having their own patch.
- The service had engaged with a 'Lead the Way' initiative at the local authority and were selecting a number of staff members to receive training in job coaching and work with people using the service to help them gain both paid and voluntary employment. The provider intended to roll out the service to people in the community. The provider was also looking at employment opportunities they could offer to people with learning and physical disabilities.

Improving care quality in response to complaints or concerns

- All of the relatives we spoke with said they knew what to do if they needed to raise a complaint. One relative, who was happy with all aspects of the service, said, "Difficult to know what sort of complaint I'd make".
- People we spoke with said they didn't have any complaints but would speak with staff if they did. We asked one person what they would do if they were unhappy about anything, they said they would tell one of the staff. We asked what they would do if nothing changed. They said "It would" and if not they would tell "the boss."
- Complaints received had been managed well. The complainant was assured the matter would not be concluded until they had confirmed they were satisfied with the outcome.

End of life care and support

- One person was receiving end of life care. The palliative care team had been involved and had supported staff in how to maintain the person's comfort. Whilst a specific end of life care plan was not in place, other areas of the person's care plan evidenced the support they needed and were receiving. Other people did have their wishes recorded in end of life care plans.
- Additional training was booked for staff which included implementing documentation for end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The culture within the service demonstrated a commitment to person-centred care, where people were supported to achieve their goals and aspirations.
- Staff spoke positively about working at the service. They demonstrated a caring and supportive approach to enabling people to enjoy their lives.
- The staff team felt listened to by the management team. One member of staff said, "Absolutely able to raise concerns with the manager and I have done during supervision or by phone call and the issue was addressed straight away." The nominated individual, manager deputy manager and staff team displayed values and behaviours which were consistent with the provision of person-centred care.
- People's relatives felt involved with the care and support their family members received. Their comments included, "Yes they do involve me. Any meetings they let me know and invite me" and "Yes we're always involved".
- An independent group known as the 'Friendly Circle Group' had been developed by the provider. This group was run by a member of the provider's board of trustees. A representative from each supported living service attended with a staff member every 6 weeks to discuss any issues they might have. Any issues raised were taken to the management team for response and action.

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

- Systems were in place to make sure that relevant people, for example the local authority safeguarding team, were appropriately informed about issues affecting people using the service.
- Notifications about significant events were submitted to the CQC.
- Relatives felt communication was good. One told us, "There has been a couple of occasions over the years with errors in medication, they always told me, nothing serious."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Each member of the management team was clear about their role and worked together effectively. Staff told us they knew what their roles were and could ask for support at any time.
- A robust system to audit quality and safety within the service was in place. Audits were based on the CQC five key questions and reflected where the service was and what, if any, actions were needed for

improvement. For example, an audit under the key question of 'Effective' had identified that an assessment care plan they had introduced was problematic and therefore a new template was being developed.

- Audits included gaining the views of people who used the staff and staff.
- The service had engaged with a local primary school to provide information about the individuality of people living with a learning disability. A person who used the service gave a talk to pupils at the school about their life and things they liked to do.