

Condover College Limited

Mayfield House

Inspection report

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Tel: 017434550745

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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

This inspection took place on 5 January 2016 and was unannounced. At our previous inspection no improvements were identified as needed.

Mayfield House is registered to provide accommodation with nursing and personal care to a maximum of six people. There were six people living at the home on the day of our inspection.

A registered manager was in post and was present during our inspection. 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.

Staff understood people's needs and provided the care and support they needed safely. Staff were trained to recognise and report signs of harm and abuse and were confident to report concerns if they arose.

People were supported by enough staff and arrangements were in place if more staff were ever needed so that people were supported safely at all times. People's medicines were managed safely by staff who were trained to administer it and understood the procedures they must follow.

People's right to make their own decisions about their own care and treatment were supported by staff. Where people were unable to make their own decisions these were made in their best interests by people who knew them and other relevant professionals.

People were supported by staff who knew them well and had good relationships with them. Staff made sure people were involved in their own care and made sure information was given to them in a way they could understand. Staff were skilled at communicating with people and gave people enough time for them to communicate their wishes and express themselves.

Staff supported people to maintain a healthy balanced diet and supported them to make their own choices about what they wanted to eat and drink. People received healthcare when they needed it and routine healthcare appointments were kept up to date.

People were as independent as they could be and staff encouraged and supported this. Staff treated people with kindness and respected people's right to privacy and dignity.

People were treated as individuals and received care and support that was individual to them and met their current and changing needs. Care and support needs were regularly reviewed with people and relatives were kept up to date on what was happening in their family member's lives.

People were involved in the running of the home and were able to express their views and opinions on the

support they received and improvements that could be made. Relatives and staff were also encouraged to contribute their opinions to help make any improvements within the home

Staff were supported by the provider in their roles and were committed to providing a quality service that met people's needs. Staff and the registered manager understood their roles and knew what was expected of them to make sure that people received a service which met their needs and benefitted them.

Systems were in place for the provider and registered manager to monitor the quality of service that staff delivered at the home and improvements were made where needed.

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.

People were treated well by staff. Staff were aware how to support people safely and protect them from any danger, harm or abuse. Staff managed people's medicines safely and made sure they got their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff respected people's right to make their own decisions and supported them to do so. People could choose what they had to eat and staff helped them keep to a healthy diet. We saw that people were supported to access healthcare and support from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

Staff supported people to be involved in their own care by giving them information in a way they understood. Staff treated people with compassion, kindness, dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

We found people received care and support that was personal to them and that was reviewed regularly. Staff supported people to decide how they wanted to spend their time and asked for their opinions on the support they received.

Is the service well-led?

Good ●

The service was well-led.

We found the home had a culture where staff put people first and wanted them to be involved in what happened there. Systems were in place that monitored the quality of the service provided and action was taken when improvements were identified.

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.

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This inspection took place on 6 January 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We spoke with the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

People who lived at the home had communication difficulties associated with their learning disability. We therefore used our observations of care and our discussions with people's relatives and staff to help form our judgements. We observed people's care and support in the communal areas of the home and how staff interacted with people.

During our inspection staff supported us to communicate with one person who lived at the home and we also spoke with six relatives. We spoke with three staff, the registered manager, the head of residential care and the provider's nominated individual. We viewed one person's care and support plan and we also reviewed other records which related to consent, people's medicines, assessment of risk and people's needs. We also viewed records which related to quality processes and the management of the home.

Is the service safe?

Our findings

All the relatives we spoke with told us that they were happy their family member was safe living at the home. They had confidence in the staff to keep them safe from any abuse or harm. One relative said, "No concern at all with the staff or the environment and that is very difficult for a parent to say with complete confidence". Staff we spoke with were able to tell us how they kept people safe and protected them from any risk of harm and abuse. They confirmed that they had received training to understand how to recognise abuse and knew their responsibilities in reporting any concerns they may have. Staff were able to tell us about the policies they had to follow and who they needed to contact if they were concerned about people's safety.

We saw people were supported safely by staff. People's care was planned to keep them safe whilst maintaining their independence as much as possible. Relatives told us how their family member's behaviour could sometimes become disruptive and pose a risk to themselves or others. They spoke positively about the support staff had provided in understanding, managing and helping to improve these behaviours. Staff were aware of people's level of risk in relation to their care, such as their mobility, their awareness of their surroundings, their level of dependence or the medical conditions they had. They were able to explain why people were at risk and how they needed to support them in a way that reduced these risks. Staff also consulted healthcare professionals such as occupational therapists for advice and assessment and to ensure people had access to appropriate equipment that would help to minimise risk. Systems relating to assessing and monitoring risk were kept up to date by staff.

We saw that people were supported safely by sufficient numbers of staff. We spoke with staff about the staffing levels at the home and all told us that there were enough staff to meet people's needs. They told us that staff levels were planned in advance around what events were happening such as outings and appointments and that extra staff would work when necessary. On the occasions when they needed staff at short notice other staff members from the home or one of the provider's other homes would work.

The registered manager spoke with us about the recruitment process that all new staff followed. Recruitment records were kept at the provider's head office once appropriate checks had been undertaken to ensure staff were suitable to work with people living at the home. These checks included Disclosure and Barring Service checks, identity and past employment checks and written references.

People were supported to take their medicine when they needed it. People who lived at the house were unable to manage their own medicine so staff supported them with this. Medicines were kept securely in each person's bedroom so they could be supported in privacy. Only staff who were trained to handle medicines had access to people's medicines. Staff spoke confidently about the policies and processes they needed to follow to ensure people received their medicines safely and when they needed them. They received training in the administration of medicines and their competence to support people with their medicines was confirmed through an initial assessment and yearly assessments. Some people had medicine given to them only when they needed it, such as pain relief. Information in people's records gave staff clear instruction on why and when people might need this medicine. Medical administration records

we looked at showed that people received their medicine as prescribed.

Is the service effective?

Our findings

Relatives told us that they had "complete confidence" that staff knew how to support their family member. One relative said about the staff, "Top marks". All relatives agreed that staff were trained well and knew how to support their family members. Staff had received varied training opportunities which helped them understand people's needs and enabled them to provide people with effective support. One staff member said about their training, "It's all about providing a positive outcome for people. If we don't understand the people we support (through training) we can't do that".

All staff agreed that the training and support they got from other staff, the registered manager and the provider meant they felt confident in their roles and were equipped with the skills to support people. Staff received regular one to one time with the registered manager. Staff told us these were an opportunity for them to discuss any concerns or issues they had, training that they needed or wanted and to get feedback from the registered manager on their performance. New staff completed a structured induction programme and shadowed more experienced staff to help them understand the people they supported and their role.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider followed the requirements in the DoLS to ensure that people were not being unlawfully deprived of their liberty. We saw that one person had a DoL authorised and two people were waiting for the outcome of their DoL assessment following application to the Supervisory Body. Staff had received training in and understood what the DoLS were. They knew who was subject to a DoL, why this was needed and what restrictions were in place for people. Decisions that had been made on behalf of people had been made in their best interests by a multi-disciplinary team of professionals; this also included the person's parents. This ensured that people's rights were protected.

People had access to sufficient food and drink to support their well-being and maintain a balanced diet. One relative told us that they knew their family member had a healthy diet and that staff knew what they liked and did not like. We saw that one person's risk associated with eating and drinking was effectively managed because staff followed recommendations made by other health professionals. People had access to snacks and drinks throughout the day and staff encouraged them to make healthy choices. Menus for the following week were discussed with people at weekly meetings. People and staff made choices together

about what meals they wanted to eat. Staff told us that healthier choices were always encouraged and even if people chose less healthy options they would look at ways they could make them healthier by the way they prepared and cooked the meal. People were encouraged and enjoyed getting involved in the preparation and cooking of meals.

The staff team were supported by a wide range of health and social care professionals to ensure people's health and care needs were effectively met. As well as routine healthcare staff also accessed specialised support from professionals which included speech and language therapists and occupational therapist. All relatives told us that staff would arrange any healthcare that their family member needed, when they needed it and without delay. Each person had a health action plan which was kept up to date by staff. This gave clear information on people's health needs, appointments, clinics they needed to attend and routine health screening they needed throughout the year.

Is the service caring?

Our findings

One person was able to express that they were happy living at the home and that staff were nice to them. We saw that people were confident in the company of staff. We saw they looked happy, were often laughing and smiling when with staff and were comfortable and relaxed. Staff involved people in conversations and also supported the inspector to speak with one person. We saw that staff knew the people they supported very well and were able to anticipate their needs. They spoke about people with warmth, respect and were able to describe their preferences, their interests and their care and welfare needs.

One relative said, "The staff understand [person's name]. They have non-verbal communication and staff know what they're telling them. They communicate with [person's name] so well".

One relative told us that they considered their family member was happy living at the home and with the relationships they had with staff. They told us that even though their family member had no verbal communication their behaviour would indicate if they were not happy. They said, "[Person's name] always wants to go back to the house when they have been at home with us".

Relatives spoke about the relationships their family member had with staff. Each person had a keyworker who worked more closely with them to ensure their views and wishes were listened to and respected. They also supported people to maintain good contact with their relatives. Some people also had an independent advocate who also made sure people's wishes were respected. Relatives told us that they considered the key worker role was important in keeping their family member and themselves involved in their care and support. We saw that information around the home was available in picture form, people had communication books and some used technology to assist with communication. Staff told us that they always involved people in what was happening with regards to their own care and treatment. All staff told us that they sat with people and explained things in a way they could understand. One staff member said, "We give them the time and help they need so they can understand things. Just because they don't have good communication it doesn't mean they shouldn't be involved or have choices".

We saw that staff encouraged people to be as independent as they could. One person helped to make drinks for others and make their own drink whilst a staff member gave discreet support. One relative told us that with regards their family member staff had, "Struck the balance between supporting them and encouraging their independence".

Relatives we spoke with told us they were welcomed by staff who were friendly towards them. People and their visitors were given privacy when they wanted it by staff. Staff made sure people had the privacy they needed when they supported them with any personal care or if they wanted time alone.

Is the service responsive?

Our findings

Relatives felt staff understood people's needs and adapted care and support if needs changed over time. Five relatives told us that since living at Mayfield House their family member's communication and behaviour had improved and that they put this down to the staff. One relative told us that their family member's quality of life had improved since they had lived at the home. They said, "The staff work hard, they are organised and they plan ahead so that [person's name] has good and positive outcomes". One relative told us how staff had supported their family member whilst they were in hospital recently. They told us that staff had stayed with their family member and kept in frequent contact with them to keep them updated.

Staff were keen to try new things to enhance the quality of people's lives. They spoke about the diversity of staff who worked at the home and that each staff member brought something different to the team which in turn benefited the people that lived there. Three people who lived at the home were registered blind and enjoyed going to listen to and feel the vibrations of trains. Staff told us that just because these people could not see this did not mean they should not have a good quality of life. They said, "It's the sensation, the vibrations. We see them smile and know they are enjoying it". Each person had a keyworker. Relatives told us that this role was integral in their family member's well-being and building a good relationship between them (relatives) and staff. Five relatives told us that the key worker kept them up to date on events and on anything their family member did through the use of technology, phone calls and text messages. They also supported people to keep in contact with their families to maintain the relationships that were important to them.

People's support plans were reviewed with them by the keyworkers and the registered manager. They told us that they went through support plans with each person and updated and made changes where needed. The records were reviewed with people to ensure the care was still relevant to meet their needs. Staff also told us that although some people were more interested than others in this process they still ensured that people had the opportunity. Information from healthcare appointments was recorded and people's support and care plans updated if required. This information was passed onto staff at meetings and shift handovers to ensure they were kept up to date on people's changing health needs.

Relatives were provided with opportunities to give their opinion on the service their family member received. All the relatives we spoke with felt happy to talk with staff or the registered manager if they had a complaint to make or had any concerns. They were also invited to give their opinions at their family member's care review meetings which were held at the home. The provider had a complaints process in place and the registered manager told us that they had not received any complaints in the last 12 months.

Is the service well-led?

Our findings

People's relatives spoke highly of the staff, the registered manager and the provider. They told us that the atmosphere at the home was one of homeliness and respect. The culture was described as being one of openness, sharing and positivity. One relative said, "We feel very lucky that [person's name] is at Mayfield House". These opinions from relatives were echoed by staff and managers we spoke with. One staff member said, "If they [people] are happy, then we are happy. We are not here for anyone else".

People were able to give their opinions on how the home was run and what happened within the home through regular meetings. People contributed to interviews when potential new staff were interviewed and were able to give their views. All relatives we spoke with told us that they felt they had opportunities to give their comments, opinions and ideas to staff and the registered manager. They felt listened to and that staff took on board what they had said to make improvements. Relatives could phone the home at any time and told us they were always welcomed and they "never felt they were being a nuisance". One relative told us the registered manager had given them their mobile telephone number so they could contact them at any time if needed. They told us this gave them added confidence in them.

Staff told us they had good support from the registered manager and the provider. In addition to more formal one to one meetings staff told us that the registered manager was approachable and they could freely talk with them at any time. One staff member said, "They [registered manager] are one of us. We can talk with them anytime. We have an on call management number if they aren't available". Staff told us the registered manager held regular meetings which enabled them to voice their views about the support they delivered and the running of the home. Staff told us the registered manager encouraged staff to share information, ideas, concerns and talk about the training they had attended. Staff were confident to 'whistle blow' and report poor practice or any concerns they may have and they told us this would be addressed by management immediately.

There was a stable manager structure which staff understood. The registered manager had registered with us in November 2015 but had been in post as manager and deputy manager prior to this. The registered manager told us they were supported by the provider and had access to support when they needed it. They understood their regulatory responsibilities with regards to submitting statutory notifications to us and their responsibilities under the duty of candour regulation.

Systems were in place for assessing, monitoring and reporting on the quality of service. In order to identify actions and make improvements where needed the registered manager had an action plan which they kept updated. One of the provider's managers completed quality visits at the home and actions from these visits were used to identify and make improvements. We saw that recent completed actions included improvements to how staff captured and recorded 'people's wish list' from meetings. Information from these quality systems was feedback to the provider through monthly board reports and regular managers meetings.