

Mayfield House







Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings


Overall summary

We rated Mayfield House as good because:

- Mayfield House provided a clean and well maintained environment. Staff had considered potential risks relating to this type of service and had plans in place to mitigate this. Staff completed risk assessments and updated these regularly to ensure patients safety.
- Staff completed care plans with the patients and they reflected the patient's views in detail. Staff encouraged positive risk taking for patients so that they could be fully prepared for discharge in to the community.
- Patients spoke highly of the care and support they received from staff. Staff demonstrated a good understanding of patient's individual needs and tailored the service provided to meet this. Patients said they could talk to staff at any time and would feel listened to.
- Mayfield House provided a range of rooms to meet the needs of the patients. Patients had their own rooms, which were large and comfortable. Patients had their own mobile phones and could make calls when they wanted. Disabled access was available with a downstairs bedroom and bathroom for patients who required this.
- Staff felt well supported by managers who were a visible presence in the unit on a daily basis. They had received a high level of training and supervision and felt well equipped to do their jobs. This meant staff displayed high levels of job satisfaction, which was reflected in their positive relationships with patients.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Long stay/ rehabilitation mental health wards for working-age adults	Good 	See overall summary

Summary of findings

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Good 

Mayfield House

Services we looked at

Long stay/rehabilitation mental health wards for working-age adults

Summary of this inspection

Background to Mayfield House

Mayfield House is a six bedded rehabilitation unit for patients that are recovering from mental illness. It is owned and operated by Partnerships In Care and forms part of a rehabilitation pathway with another four bedded unit that has been developed to provide step down facilities to patients at their 18 bedded hospital. It is a unit specifically for women between the age of 18 and 65. The unit has been open since 2014 and this is the first time we have inspected.

The unit provides community based rehabilitation and promotes independent living. The building is a large house with seven bedrooms, two lounge areas and a kitchen and dining area. There is also a small room set aside as a nursing office. One of the bedrooms is set aside as a staff bedroom as staffing levels dictate that at night

one member of staff mans the unit while another "sleeps in". The only room that is locked is the nursing office and patients have keys to their own bedrooms which they can lock if required.

The unit has an open front door and patients are encouraged to come and go whenever they want. The door is locked at night for security reasons.

There is a registered manager shared between Mayfield House and their sister unit. The registered manager is the only qualified nurse and is also solely responsible for monitoring medication. The two services also share a psychiatrist and a psychologist who develop treatment and care plans and have regular input into the day to day care of the patient group. All other staff members are health care support workers who have undergone training to allow them to administer medication.

Our inspection team

Team leader: Matt Brute

The team that inspected the service comprised two CQC inspectors

Why we carried out this inspection

We inspected this service as part of our ongoing comprehensive mental health inspection programme.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- ? Is it safe?
- ? Is it effective?
- ? Is it caring?
- ? Is it responsive to people's needs?
- ? Is it well-led?

Before the inspection visit, we reviewed information that we held about the location.

During the inspection visit, the inspection team:

- Visited the unit, looked at the quality of the environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the registered manager
- spoke with three other staff members. Two support workers and a psychologist
- Looked at four care and treatment records of patients

Summary of this inspection

- carried out a specific check of the medication management
- looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

All the patients we spoke to were complimentary of the service. They stated that they felt that staff treated them

with dignity and respect. They also stated that they felt that the service was helping them achieve independence and was helping them achieve their goal of a return to the community.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- Mayfield House had ligature points, as it was set up to represent normal community living. Staff mitigated this through risk assessment and had strategies in place for managing the risks based on the needs of individual patients.
- The service had a good level of staffing and the manager was able to adjust this as required. They rarely used bank or agency staff and only used staff who knew the unit to ensure continuity of care for patients.
- Staff demonstrated good knowledge of safeguarding and had received training in this. They understood how to report concerns and felt confident to do this.
- Mayfield House reported very few incidents and staff were skilled in managing issues through de-escalation, as they knew their patients well. Managers investigated incidents and gave feedback to staff and patients. The psychologist was available to debrief staff if a serious incident occurred.

Good



Are services effective?

We rated effective as requires improvement because:

- Mayfield House had stored archived patients paper records in a cupboard in the patients lounge. Staff had left this unlocked on the day of the inspection. This meant staff could not ensure patients information was confidential.

However

- Staff completed assessments in a timely manner, these were detailed and comprehensive, and person centred. Physical examinations took place and staff provided ongoing support to patients with physical health issues.
- Staff followed guidance set out by the national institute for health and care excellence (NICE). Healthcare assistants received additional training so that they could administer medication using the guidance.
- All staff participated in multidisciplinary meetings and felt able to contribute to this. They engaged with other agencies to ensure the patients received a wide range of opportunities in the community.

Requires improvement



Summary of this inspection

- Staff had demonstrated good knowledge of the Mental Health Act and Mental Capacity Act and understood how this related to the patients in their care. Regular audits of the paperwork took place and it was stored appropriately.

Are services caring?

We rated caring as good because:

- Staff treated patients with dignity and respect. They had developed relationships built on trust and showed an understanding of the individual needs of patients.
- Patients spoke highly of the staff and the support provided. They felt included in their care plans and said staff supported them to be independent.
- Patients had access to advocacy on a weekly basis and staff encouraged them to use this independent support.

Good



Are services responsive?

We rated responsive as good because:

- Mayfield House had rooms available so that they could offer a range of activities. Patients could see visitors in private in the lounge area and they had access to outside space whenever they needed it. Patients could personalise their own rooms and could lock these to keep personal possessions safe.
- Patients had access to information on noticeboards and could request this in other languages if required. Partnerships in Care provided interpreters for patients who needed this service.
- Mayfield House had not received any complaints in the 12 months prior to the inspection. Patients stated they knew how to complain and felt able to do this. Staff said they would support patients if necessary and knew how to manage complaints appropriately.

Good



Are services well-led?

We rated well-led as good because:

- Staff worked in line with the organisations vision and values and showed this in the support they provided to patients.
- Managers worked to set key performance indicators to ensure the service was developing and for monitoring quality and performance.
- Staff enjoyed their work and spoke highly of the support that managers provided. They received regular supervision and had

Good



Summary of this inspection

an annual appraisal. Managers ensured that training had taken place and was appropriate to the needs of the staff. Staff stated they had the opportunity for personal and professional development.

Detailed findings from this inspection

Mental Health Act responsibilities

We found no errors in recording relating to the Mental Health Act (MHA). Three of the six patients had restrictions placed upon them relating to sections of the Mental Health Act. All paperwork relating to this was in place, correct and stored securely.

All required paperwork was attached to medication charts and had been filled correctly

MHA training was part of the mandatory calendar and all the staff that we spoke to had completed this. They had a good knowledge of the MHA and its guiding principles.

Mental Capacity Act and Deprivation of Liberty Safeguards

All patients at Mayfield House had had their capacity considered in the admission documentation contained in the care records.

We were told by staff that capacity is monitored and reviewed at Multi Disciplinary Team (MDT) meetings. Due to the nature of the unit, if any patients health deteriorated to the point where by they were judged to have a lack of capacity they would be transferred to another unit. There were protocols in place to ensure this.

We did not find any evidence of Deprivation of Liberty Safeguards (DoLS) applications at the time of our inspection. We were told by qualified members of the team that if this was required they were trained and would be able to make an application.






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Long stay/ rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Overall	Good	Requires improvement	Good	Good	Good	Good

Long stay/rehabilitation mental health wards for working age adults

Good 

Safe	Good 
Effective	Requires improvement 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are long stay/rehabilitation mental health wards for working-age adults safe?

Good 

Safe and clean environment

- The layout of the unit didn't always allow staff to observe patients however, given the patient group, this was not necessary. Where this was required for safety, for example on stairways and in corridors there was good lighting and lines of sight were good.
- Mayfield House was set up to closely represent normal community living and as such there were ligature points in all rooms. There was a clear risk assessment in place and ligature risks were carefully managed on an individual basis. Mayfield House had not had any incidents relating to tying ligatures.
- The unit was for females only. As such they complied with guidance on same sex accommodation.
- There was a small nursing office at the unit where some clinical procedures could be undertaken. All patients at the unit had full community access and would access local G.P. surgeries. There was some clinical equipment which was stored appropriately and all checks that were required were undertaken. Medication was stored in a locked cupboard in the nursing office and temperature checks were undertaken. Monitoring paperwork for medication was completed and up to date. There was an emergency bag with resuscitation equipment. This was regularly checked and the checks were in date at the time of our inspection.

- Seclusion is not used at Mayfield House. Due to this, Mayfield House does not have any seclusion facilities.
- Staff that we observed adhered to good infection control principles. There was hand sanitiser available around the unit.
- All equipment we checked was well maintained and clean. Safety checks had been undertaken on all items that required it and there were in date stickers in place to evidence this.
- Though there were no cleaning records available, the environment was clean and well presented.
- Environmental risks assessments were carried out regularly. We viewed documentation relating to environmental risk assessments and these were all in date.
- There was no alarm system fitted in the building but this was not required in a location of this type.

Safe staffing

- The unit operated with two healthcare assistants (HCA) throughout the day and one HCA throughout the night with a second member of staff sleeping in. That member of staff was available until all patients were asleep. There was a qualified nurse/unit manager who visited the unit every day and there was also a psychologist on site periodically throughout the week.
- We looked at the rota and all shifts were filled as per substantive staffing levels.
- Bank and agency staff use was rare and when this happened the staff used had knowledge of the unit. Bank staff were drawn from staff that have worked in the past on the unit or staff who worked at other Partnerships In Care locations in the area.

Long stay/rehabilitation mental health wards for working age adults

Good 

- The unit manager told us that they could adjust staff mix as caseload requires but this is rare.
- There were always enough staff available for patients to have one to one time with staff.
- There was no escorted leave at Mayfield House. The patients were at a point in there recovery that they had full access to the community.
- Medical cover was provided through local trust facilities. In non-urgent cases medical cover was provided through local G.P. practices. In an emergency medical cover would be provided through the emergency services by staff dialling 999.
- Staff had received mandatory training. Staff training at the time of our inspection was at 89% compliance, which is above the required level of 75%.

Assessing and managing risk to patients and staff

- There had been no seclusion or long-term segregation undertaken at Mayfield House since it had opened.
- Patients displaying physically aggressive or threatening behaviour would be transferred to a safer environment. There had not been any use of restraint at Mayfield House in the last twelve months prior to our inspection.
- We looked at four care records during our inspection. They all demonstrated good practice.
- We found that staff undertook a risk assessment prior to admission which continued through the admission process. These were updated regularly.
- Staff used recognised tools in undertaking risk assessments.
- We found no evidence of blanket restrictions. The nature of the unit meant that there are very few restrictions in place. Where they were in place there was a clear rationale.
- The unit had an open front door which meant that patients could leave at will.
- There were policies in place for the use of observations which included mitigation of ligature risks and searching patients.
- Restraint, rapid tranquilisation and seclusion were not used at Mayfield House.
- Staff were trained in safeguarding to level two as part of their mandatory training. Staff we spoke with had good knowledge of how to make a safeguarding report and when one would be required. They all stated that they felt confident that they could make a report if required.
- There were good medicines management protocols in place. As staff that are not registered nurses were

dispensing medication, regular audits were also undertaken by the qualified nurse. All staff that dispensed medication had undertaken specialist training that ensured they had the knowledge required to undertake this task.

- Any visits with children took place off the unit.

Track record on safety

- There had been one serious incident recorded in the twelve months prior to our inspection. This related to a fall.
- As a result of incident reporting there had been improvements in processes and environment. Due to the specific need of one patient a bedroom had been created on the ground floor to mitigate the risks of falls in the future.

Reporting incidents and learning from when things go wrong

- All staff we spoke to knew what to report and how to report it. They all stated that they felt confident that they knew how to report incidents and would feel comfortable making a report.
- We did not see any examples of duty of candour during our inspection. There was no instance when this would have been required. We were informed by staff that they would be honest and open in explaining to patients when something had gone wrong if that was what was required.
- There was evidence that staff had received feedback as a result of investigations. We were also informed that, being such a small team, feedback occurred on a one to one basis every day.
- We were informed that psychology led debrief would occur after a serious incident.

Are long stay/rehabilitation mental health wards for working-age adults effective?
(for example, treatment is effective)

Requires improvement 

Assessment of needs and planning of care

Long stay/rehabilitation mental health wards for working age adults

Good 

- All care records we checked had comprehensive assessments. They had been started at the point of admission and were updated regularly.
- Physical examinations had been undertaken for all patients and where appropriate continuing physical health monitoring plans were in place
- Care plans were individualised and patient centred. They had been developed in consultation with the patient and were recovery orientated.
- Mayfield House had switched to a fully computerised system of storing care records at the time of our inspection. We did, however, find a cupboard in the main lounge area that contained paperwork including old paper records. We were informed that this cupboard was kept locked at all times but we found that this was not always the case. The unit manager made arrangements to have the cupboard moved to an area that patients could not access while we were on site.
- There was a limited number of mental health disciplines employed directly at Mayfield House however they had access to a full range from across other units in the organisation.
- We found that the staff working at Mayfield House were experienced and qualified to undertake their role. They had completed specialist training in phlebotomy and administration of medications which enabled them to undertake roles normally outside of the remit of a health care assistant.
- All staff had received an appropriate induction and had undertaken a national vocational qualification (NVQ) equivalent to the care certificate.
- Staff supervision and appraisal rates were above organisational targets with supervision rates at 92% and appraisal rates at 96%. There were also regular staff meetings.
- We found no evidence of poor staff performance at the time of our inspection.

Best practice in treatment and care

- We examined four sets of care records and all medication cards during our inspection. We did not find any errors or examples of bad practice.
- We found that staff followed guidance laid out by the national institute for health and care excellence (NICE) when administering prescribed medication. Health care assistants were trained to administer medication and this was overseen and audited regularly by a qualified nurse.
- Mayfield House had a psychologist in its staff numbers and offered a number of psychological therapies including cognitive behavioural therapy (CBT). This was in line with guidance laid out by NICE.
- Access to physical healthcare, including specialists, was provided by local authority services. There was clear evidence in patient's records that this was considered in all cases and appropriate care was sought.
- Patients at Mayfield House were at a point in their recovery where they managed their own nutritional requirements. This was monitored by staff.
- Staff used recognised rating scales to assess severity and outcomes.
- All staff participated actively in clinical audit.

Skilled staff to deliver care

Multi-disciplinary and inter-agency team work

- MDT meetings took place weekly. These included a range of staff involved in the delivery of care and, if appropriate, staff and carers from outside of the organisation.
- Handovers occurred at the start of each shift.
- There had been close working links developed with other units in the organisation. This was enhanced by the fact that the unit manager at Mayfield House was also responsible for two other units.
- There was evidence of high levels of partnership working with teams outside of the organisation. Community mental health teams within the NHS, G.P. services and local authority social work teams had been included in the development of care for patients at Mayfield House.

Adherence to the MHA and the MHA Code of Practice

- Ninety two percent of staff were up to date with training in the Mental Health Act (MHA).
- Staff we spoke to had a good knowledge of the MHA, the code of practice and its guiding principles.
- There were three patients at Mayfield House who were subject to restrictions relating to the MHA. Consent to treatment forms (T2) were attached to medication charts in all cases. There was also a clear indication that capacity had been considered in all cases.

Long stay/rehabilitation mental health wards for working age adults

Good 

- People had their rights under the MHA read to them upon admission and regularly thereafter.
- Administrative support relating to the MHA was available from within the organisation.
- Regular audits of MHA paperwork was undertaken to ensure compliance.
- Patients had access to independent mental health advocacy services (IMHA)

Good practice in applying the MCA

- Ninety two percent of staff were up to date with training in the Mental Capacity Act (MCA)
- There were no Deprivation of Liberty Safeguards (DoLS) applications made in the six months prior to our inspection.
- Staff we spoke to had good knowledge of the MCA and its five statutory principles.
- There was a policy in place relating to the MCA. All policies were available electronically for staff to view.
- We found that consideration had been given to the capacity of all patients at Mayfield House. At the time of our inspection there were no patients at the unit who had any capacity requirements.
- Staff we spoke to understood the MCA definition of restraint.
- Any advice or guidance regarding the MCA and DoLS would in the first part be provided by the unit manager who was aware of where in the organisation they could access relevant expertise.
- We did not see any evidence of any DoLS applications at the time of our inspection.

Are long stay/rehabilitation mental health wards for working-age adults caring?

Good 

Kindness, dignity, respect and support

- We observed staff working with patients throughout the inspection. They treated patients with dignity and respect, were responsive to patients needs and had developed good knowledge of individual patients.
- All the patients we spoke to were positive about the staff. They stated that they felt they treated them well and that they were professional and approachable.

- Staff were able to talk in detail about the individual needs of the patients. This included cultural and historic requirements. They could also speak in detail about the most positive ways of engaging patients including likes, dislikes and activities that each patient enjoyed.

The involvement of people in the care they receive

- Mayfield House had an admission process in place that fully orientated new patients to the unit. This included identifying staff members who were best positioned to offer support.
- All patients had been actively involved in their care planning and risk assessments. Due to the nature of the service, independence was a key feature.
- Patients at Mayfield House had access to an independent advocate. Advocacy representatives visited the unit regularly and were engaged by the patient group.
- There was evidence in care notes that, where appropriate, carers and family members had been involved in the care planning process. When discussing discharge family members were often invited to multi-disciplinary team meetings.
- All patients were able to give feedback about the service. Due to the low number of patients this was done mostly on an individual ad-hoc basis.
- We did not find any evidence of patient involvement in service development.
- Patients did have advanced decisions in place. These mostly related to managing deterioration in mental health.

Are long stay/rehabilitation mental health wards for working-age adults responsive to people's needs? (for example, to feedback?)

Good 

Access and discharge

- Over the six months prior to our inspection the average bed occupancy was 100%.
- As Mayfield House was a privately run unit it did not have a catchment area. As such there were no out of area placements. The beds were individually commissioned so availability was dependant on need.

Long stay/rehabilitation mental health wards for working age adults

Good 

- Patients on leave always had access to a bed on return from their leave. Beds were not reallocated until a patient was discharged
- Discharges only took place between the hours of nine and five Monday to Friday.

The facilities promote recovery, comfort, dignity and confidentiality

- The building had rooms available for a range of activities however, due to the nature of the service user group, most activities took place off site in the community.
- Patients could meet visitors at the unit. We were told that this was rare as most patients met people in the community
- All patients had access to their own mobile phones and there were no restrictions placed upon them about their use. This meant that patients could use their phones in the privacy of their own bedrooms.
- All patients at Mayfield House had full community access. There was also a well-tended garden with seating area that the patients could access whenever they wanted.
- All patients had access to hot drinks and snacks 24/7 and for the most part catered for themselves at meal times with support from staff.
- We observed that the patients at Mayfield House had personalised their bedrooms.
- Patients could lock their own bedroom doors and could store small valuable items in a safe in the nursing office if required.

Meeting the needs of all people who use the service

- Adjustment had been made for people requiring disabled access. A bedroom and shower had been created downstairs for a patient that had mobility issues. The unit had also been fitted with rails and access aids.
- All information leaflets we saw were printed in English however we were informed that they could be made available in other languages if required.
- There was information available on a number of notice boards around the unit. The information related to local services, patients' rights, complaint procedures and treatment options.
- Partnerships in Care had a contract with an agency that could provide interpreters. This included signers.

- Patients catered for themselves and there were no restrictions on what food they could prepare.
- Spiritual support, if required, could be accessed in the local community.

Listening to and learning from concerns and complaints

- There had been no complaints made in the 12 months prior to our inspection.
- Patients informed us that they knew how to make a complaint and would feel comfortable to do so if they needed to.
- Staff were aware of how to handle complaints. The information they gave us was in line with organisational policy.

Are long stay/rehabilitation mental health wards for working-age adults well-led?

Good 

Vision and values

- Staff were aware of the organisations visions and values and agreed with them.
- Team objectives were in line with the organisations visions and values.
- Staff knew who their most senior managers were and stated that they had visited the unit regularly. We were told that they were approachable and open to suggestion from staff and patients.

Good governance

- Staff had received mandatory training. At the time of our inspection 89% of staff were up to date with training. The shortfall had occurred as a result of staff maternity leave. This was above the organisations target.
- Staff were regularly supervised and appraised. Appraisal rates at the time of our inspection were 96% and supervision rates were 92%. This was above the organisations targets.
- We looked at the rota and found that all shifts were covered by the correct amount of staff of the correct grades and experience

Long stay/rehabilitation mental health wards for working age adults

Good 

- All staff participated in clinical audit. As the staff group was small staff were involved in a number of audits and quality monitoring processes
- We found that incident reporting, safeguarding, MHA and MCA procedures were all followed and we found no errors in recording.
- The provider used key performance indicators (KPIs) to monitor quality and performance. These were presented in an accessible format that the staff understood. Information from KPIs were regularly fed back to staff and had informed improvements.
- The ward manager had sufficient authority and administration support to undertake their role.

Leadership, morale and staff engagement

- The sickness rate over the twelve months prior to our inspection was 3%
- There had been no bullying or harassment cases in the 12 months prior to our inspection.
- Staff told us that they were aware of the whistle blowing process and would be confident to use it if the needed to.

- Staff stated that they felt able to raise concerns without fear of victimisation.
- All staff we spoke to stated that they felt proud of the work they do and that they were satisfied in their role.
- We found that there were opportunities for leadership and personal development. Staff had undertaken training relevant to their role and they were encouraged to consider their personal development through the appraisal process.
- We saw good examples of team working. Staff supported one another through the development of projects and service developments.
- We did not see any examples of duty of candour but we were informed by staff that they would be honest and open in feeding back to patients if things went wrong.
- Staff were able to give feedback and input into service development.

Commitment to quality improvement and innovation

- We did not find any evidence of involvement in any national quality improvement programmes.
- We did not find any examples of innovative working practice or involvement in research.