

The Mayfield Trust

Dalecroft

Inspection report

94A Keighley Road
Halifax
West Yorkshire
HX2 8HA

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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 24 May 2018. We announced the inspection to make sure people who used the service were available for us to speak with. There were six people living at the service at the time of our visit. This included one person living in a self contained annex to the main house.

At our last inspection in February 2016 we rated the service as 'Good'.

At this inspection we found the service remained Good.

Dalecroft provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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 on annual leave at the time of our inspection.

Some people we met had limited verbal communication. However, we observed them to be comfortable with staff who used methods of communication suitable to the person's needs.

People were clearly very comfortable with staff. They told us staff made them feel safe and they liked spending time with them.

Policies and procedures were in place to safeguard people from harm and the staff we spoke with understood their responsibilities in keeping people safe. Accidents and incidents were reported appropriately and reviewed to look for any themes or trends which could be mitigated against.

Medicines were managed safely although temperatures of medicine storage needed to be taken daily rather than weekly and protocols for 'as needed' medicines needed to include detail about the effectiveness of the medicine.

Risk assessments were in place which helped to protect people from risks they may encounter in their daily

lives.

Staff records showed the recruitment process was robust and staff were safely recruited. People who lived at the home were involved in staff recruitment.

Training was delivered to staff in order to help them support people's specific needs. An induction process was in place and staff training was up to date. Competency checks for administration of medicines needed to be updated.

Staff confirmed they received regular supervision and appraisal and team meetings were held.

Staffing was organised flexibly around the support needs of people using the service. There was a member of staff available in the home over the 24 hour period.

People were supported to plan menus and had choice of meals and snacks. Healthy eating was promoted.

Staff understood the principles of the Mental Capacity Act (2005).

Our observations, together with our conversations with people, provided evidence that the service was caring. The staff had a clear understanding of the differing support needs of people and we saw they responded to people in a caring, sensitive, patient and understanding professional manner.

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

Dalecroft

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 inspection took place on 24 May 2018. We announced the inspection because we wanted to make sure people who lived at the service and staff would be available for us to speak with. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams 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.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We observed how care and support was provided to people. We met and spoke with four people who were using the service, a senior support worker and four support workers.

We looked at two people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. Three people showed us their rooms and communal areas of the home.

Is the service safe?

Our findings

People told us they felt safe at Dalecroft. One person told us staff responded quickly when they called for them. People had call pendants to alert staff if they required assistance. One person who lived in accommodation separate to the main house also had a walkie talkie they could use as well

Staff knew about different forms of abuse and told us they would not hesitate to report any concerns they had. Staff knew who to report to both within and outside of the service. However, we did see record of one incident where one person who lived at the home had reported being hit by another person. The incident had not been appropriately reported to safeguarding.

Recruitment procedures were robust and there were enough staff to keep people safe. Staff told us staffing was flexible to meet people's social and care needs.

Positive risk assessments were in place for managing behaviours that might challenge. The provider's health and safety officer was involved in developing risk assessments.

Medicines were managed safely although temperatures of medicine storage needed to be taken more frequently and protocols for 'as needed' medicines needed to include detail about the effectiveness of the medicine. There was information available about all medicines used by people living at Dalecroft. Medicine reviews were held monthly and systems for auditing medicines were effective. One person was supported appropriately to manage their own medicines.

Accidents and incidents were recorded, analysed and discussed to mitigate the risk of reoccurrence.

A member of support staff had taken the role of health and safety champion. They showed us documentation which evidenced how they conducted regular and robust checks to make sure the environment was safe. Emergency plans were in place for if people had to suddenly evacuate the home.

Is the service effective?

Our findings

Dalecroft had been developed in line with the principles of 'Registering the right support' which looks at making sure people living with a learning disability are supported in an environment most appropriate to supporting their choice and independence.

Most of the people living at Dalecroft had been there since the service opened or shortly afterwards. Some had moved from another of the provider's care services where assessment had taken place to make sure their needs would be met most appropriately, and their independence promoted in a supported living environment. Staff told us new people visited the service and got to know people living there before making the decision to move in.

People were involved in choosing furniture for the home and had chosen furnishings for their rooms. The purchase of a barbeque was to be discussed at the next house meeting and staff had spoken with the landlord about providing raised beds in the garden to enable people to get involved in gardening.

New staff followed an induction programme and staff without experience in care completed the Care Certificate. One member of staff was doing this at the time of our inspection. Staff told us they received good training and support with effective supervision. One staff member said, "It's fantastic training, we're always doing something. It's really good to be reminded of things. We get really good support, they (senior staff and the manager) are all fantastic." The training matrix confirmed good levels of training. The senior support assistant told us they were aware that competency checks for administration of medicines needed to be updated.

People's consent to care and treatment was always sought, in line with the law and guidance.

Weekly meetings, involving all the people who used the service, were held to plan evening meals for the coming week. We saw people being supported to choose breakfast and lunch at the time of the meal with people being shown options where they found it difficult to communicate their decision. Care plans included an individualised 'Eat well guide' to promote healthy eating.

Each person had a health support plan which included details of healthcare professionals and their involvement with the person. Photographs of healthcare services each person used such as the GP surgery were included in the care file. Where relevant, information about people's health conditions were included within the care file.

Is the service caring?

Our findings

People told us staff cared for them well. One person told us, " They are very good, they help me whenever I need it." People told us staff respected their privacy and were considerate of their dignity needs.

We observed staff to be caring, friendly, supportive and enthusiastic in their interactions with people. We saw staff engaging with people in activities, supporting with domestic tasks such as laundry and just spending time enjoying conversation. One member of staff told us how enthusiastic they were about supporting people to live their lives to the full and how they were affected by the people they supported. They said of the people they supported, "They pick me up."

Staff emphasised the need to enable people to make their own decisions. We saw examples of this during our visit such as people choosing their holidays and which staff accompanied them. A member of staff told us how they had supported one person to telephone the hotel they had chosen to make sure it met with their requirements.

Information was available to people in formats which met their needs. For example the complaints procedure was in easy read format and included photographs of people within the organisation to speak to about any concerns. Care documentation such as the health check information, healthy eating guide and lists of involved professionals was also provided in a format, including pictures, appropriate to people who used the service. We saw one person had a bag of items which they used for communication. For example a model car was used to ask the person if they wanted to go out, a model toilet was used to see if the person needed support to the bathroom and a number of other items and photographs were used to assist the person to make choices or communicate their needs.

Where appropriate people had been involved in their care planning and had signed their agreement and consent. Staff told us the wording in a care plan for a person who didn't have verbal communication had been changed from being written in the first person. This was because staff felt it was inappropriate for the care plan to read as though the person had verbalised their wishes and needs.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "Yes, they do whatever I need when I need it."

Care records and our observations of care and support evidenced a wholly person centred approach. A member of staff told us about one person who became anxious about knowing when they had appointments. In response to this the person had an appointment diary which staff went through with them on a daily basis so they were fully aware of any appointments they had.

Each person had a 'Person centred plan' (PCP) which included details of their goals and ambitions and the progress they had made toward achieving them. We looked at a newly developed PCP which had been designed to look like a personal album. The PCP included photographs of the person through their life, photographs of their family with details of who they were and details of the person's current goals in a format suitable to their needs.

We saw evidence of goals being met. For example, one person had accessed a group to support them to go swimming and was being supported to book an overnight stay (with staff of their choice) in a hotel so they could attend a family party.

Each person had a daily A4 sized diary in which staff recorded how the person had spent their day and how they were feeling. Each person had chosen a picture to be attached to their diary for ease of identification. We found the way staff made records in these diaries could be more person centred. For example, many of the entries started with the staff member referring to when they had arrived on duty and did not always reflect the involvement of the person concerned.

Care plans and PCP plans were reviewed regularly and effectively.

People engaged in a wide range of activities of their choice both within and outside of the home. Staff supported people to look at activities and groups in the local area which they might like to join and reviewed current activities with the person regularly. We saw one person going through a pamphlet of activities and ticking what they would like to do.

An easy read complaints procedure was in place. No complaints had been received about the service but we saw where a person who used the service had told staff of a complaint they had about a taxi service, this was followed up with the involvement of the person with the taxi company. People we spoke with said they would tell any staff about any concerns they had.

Is the service well-led?

Our findings

A registered manager was in place who was on annual leave at the time of 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.

People who used the service were involved in the running of the home through a variety of ways. We saw people were involved in the production of adverts for new staff putting together a list of attributes of the kind of person they wanted. An example of this was an advert which said people were looking for somebody who is 'Caring, respectful, sweet as a buttercup, a good listener and fun'. We saw people developed interview questions and interview records included a picture of each person, what they had asked and what the response from the interviewee was.

House meetings were also recorded in the same format and we saw how suggestions made at house meetings were followed up. There was also a suggestions box with easy read suggestions forms.

Staff told us they were fully involved, were listened to, could make any suggestions and thought the manager was "fantastic". Systems were in place to obtain people's views on a formal basis through satisfaction surveys although only relatives had recently been approached.

There were clear audit systems in place which staff were involved in and the registered manager had an overview of the quality of the service.