

Sevacare (UK) Limited

Mayfair Homecare-Trellis House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Mayfair Homecare-Trellis House is a domiciliary care agency. It provides personal care to people living in self contained flats within Trellis House. People were free to leave the building at any time they wanted to. Some people supported by Mayfair Homecare-Trellis House did not receive a regulated activity from the service. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', which includes help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of the inspection, the service was providing personal care to 30 older adults aged 64 and over.

People's experience of using this service:

- ☐ The service was not consistently safe. Risks to people's health and safety were not sufficiently assessed to ensure safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- ☐ The service was not consistently well-led. There were no robust quality assurance processes in place to monitor the quality of the services provided for people, including accuracy of care records. We made a recommendation about this.
- ☐ Staff were not supported to up-date their knowledge and skills in all areas required for their role. We made a recommendation about this.
- ☐ People's received the necessary support to manage their medicines as prescribed, but staff were not provided with guidelines on how to support people to take PRN ('as required') medicines safely.
- ☐ The staff team were trained and applied the Mental Capacity Act 2005 (MCA) principles in practice as necessary.
- ☐ Processes were followed to review and monitor staff's developmental needs.
- ☐ Staff had to undertake appropriate checks before they were employed by the service.
- ☐ Systems were in place to provide immediate support to people if staff had noticed people being at risk to harm or when incidents and accidents took place.
- ☐ Staff aided people if they required support to prepare their meals or attend to their health needs.
- ☐ People were treated with dignity and kindness and staff were respectful towards people's privacy.
- ☐ Staff encouraged people's independence and decision making about their daily activities.
- ☐ Care plans included personal information about people.
- ☐ People provided feedback about the quality of the services they received.
- ☐ Staff received guidance on how to support people at the end of their lives.
- ☐ People felt that the registered manager was responsive to their care needs.
- ☐ There was a clear management structure in place with shared responsibilities to ensure good care delivery for people.

Rating at last inspection:

- The service was previously inspected on 11 October 2016 and was given a rating of Good in all key questions.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspection will be planned in line with our re-inspection programme. If any concerning information is received, we may inspect the service sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Mayfair Homecare-Trellis House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was carried out by one inspector 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. The expert by experience had knowledge of supporting people with dementia care.

Notice of inspection:

- We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available on the day of inspection.

Service and service type:

- This service is a home care agency. The service provides care and support to people living in their own flats within Trellis House. There is an extra care housing service that also offers communal facilities for dining and activities. CQC does not regulate the premises provided as communal facilities; this inspection looked at people's personal care and support.
- This service provides personal care to older people who may be living with dementia, have a learning disability, be physically disabled or have mental health care needs.
- The service had a manager registered with the Care Quality Commission. 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.

What we did:

- We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including notifications they had made to us about important events.
- We visited the service on 7 March 2019 and spoke with nine people living in their own home and their two relatives. We spoke with two staff members, a team leader, the registered manager, and the care services manager. After our inspection, we received feedback from one healthcare professional.
- We reviewed five people's care records, two people's medicines records, three staff files, training records, quality assurance reports and other relevant documents relating to the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People had risk management plans in place that provided information regarding the risks to people in relation to manual handling and management of medicines.
- However, we found that risk assessments were not always available to guide staff on how to manage people's specific health conditions, including diabetes, schizophrenia and depression. Some of the identified risks had not provided a risk management plan, for example where a person was assessed at risk of falls. We also saw that information was not available on the severity and likelihood for the assessed risks to inform staff on how the risks impacted on people. This meant that risk assessments were not always sufficiently undertaken to fully assess each area of people's individual care needs.
- Although people's care plans included a 'manual equipment service record' for recording the last and the new service date, records showed that this information was not always recorded which meant that safety of hoists used by staff to transfer people was not monitored appropriately.

It was also noted at the last inspection report that people's care records did not always contain enough information about people's health needs and the impact it had on people. The above issues demonstrated that the provider had failed to update people's care records in a timely manner. This represents a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- We saw people's medicines being securely stored and safely managed by the staff team. People had individual medication administration records (MAR) sheets that were appropriately completed by staff at the time of inspection.
- Care records included information regarding the support people required to take the prescribed medicines safely.
- The management team had routinely carried out audits to check that the medicines were being managed in the right way.
- However, staff were not provided with guidelines on how to support people to take PRN ('as required') medicines safely. MAR sheets included information on the recommended dose and times for these medicines to be given to people, but no information was available to inform staff about the symptoms they may present to individual people. At the time of inspection, people were only taking pain relief medicines. From the conversations with staff we found that these people were able to tell staff why they needed the pain relief medicines. The management team told us that according to the provider policy they were required to have the PRN protocols in place and that this would be done immediately. We will check their progress at our next comprehensive inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe supported by the staff team. One person said, "I am so grateful to all of them and I know there is always someone there if I need them."
- Staff were aware of the safeguarding procedures and told us that if they had any concerns about people's safety, they would report it to the management team to take appropriate actions to safeguard people. One staff member said, "I would whistleblow to CQC if the manager has not taken appropriate action to protect people."
- The registered manager knew they had to report abuse to the local authority and send a notification to CQC informing us about such concerns.
- There were no safeguarding concerns of abuse opened at the time we inspected the service.

Staffing and recruitment

- People told us there was enough staff to support them when they required assistance. One person said, "There is always someone and [staff] come every day and get me out of bed, help me wash and give me my tablets." Another person told us, "[Staff] come anytime I need them."
- The service provided staffing 24/7. Staff were allocated to support people when they required assistance with personal care and were also available to attend to their needs in an emergency or as the needs arose.
- Robust recruitment process was in place and followed by the provider. Staff were required to complete an application form, attend an interview and undertake a written test, provide two references, proof of identification and carry out a criminal record check before they started working with people.

Preventing and controlling infection

- Staff were trained to provide hygienic care for people. Training records confirmed that staff had completed training on infection control and food safety.
- Staff told us they used appropriate clothing to protect people from the risk of infection. One staff member said, "We constantly wash our hands and use gloves when supporting people with personal care to avoid cross contamination."

Learning lessons when things go wrong

- Staff followed the incidents and accidents recording and reporting procedures and were required to complete an accident form if they witnessed an incident taking place such as a person having a fall.
- The management team used a log sheet to record data about the incidents taking place, including the date of the event, what caused the incident and the support provided to people. This helped them to monitor and reduce the likelihood of the repeated incidents occurring to individual people.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the necessary support in their role which they required to meet people's needs effectively. Records showed that regular supervision and appraisal meetings took place to identify staff's further developmental needs and to discuss their professional goals.
- Regular spot checks and carer's assessments were carried out to evaluate staff's performance on the job, including their ability to communicate with people effectively.
- Training records confirmed that staff had completed training relevant to their role, including dementia awareness, safeguarding adults, medicines management, manual handling and Mental Capacity Act (2005). However, records showed that staff were not provided with regular training courses that were relevant to people's specific care needs such as mental health awareness, learning disabilities and end of life care.
- The management team told us that these training courses were undertaken by staff at the time they completed induction. Soon after the inspection, the management team contacted us to let know that staff had been booked to attend the necessary courses.

We recommend that the provider seeks guidance on best practice in relation to staff training to ensure they have the necessary skills and knowledge for their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

Staff working with other agencies to provide consistent, effective, timely care

- People's care needs were assessed before the service commenced supporting them. The registered manager told us they carried out an initial assessment, which was later transformed into a written care plan, to learnt more about the person and their individual care needs.
- Staff provided us with examples of how people wanted to be cared for, including the choices they were making around their daily routines and personal care.
- Feedback received from the healthcare professional noted they had a joined-up working relationship with the service and their comments included, "In the past I had to suggest [to the service] that all residents, even the ones not receiving care, receive at least a weekly welfare check and I think they did introduce this."

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

- People told us they made choices about the food they wanted to eat, with one person saying "[Staff] get my breakfast and lunch, whatever I ask for, and I get my own tea in the evening to maintain my independence."
- Staff told us they helped people to plan their shopping, buy the food and make meals where they required such support.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to monitor their health needs. They helped people to book and attend their medical appointments where they required such support. Staff worked in partnership with GP's and other health professionals to plan and deliver an effective service. Care records included a summary of people's care needs to be provided to emergency services should a person required to go to hospital.
- Any changes to people's health conditions were reported to relevant health professionals for reassessment of their care needs. On the day of inspection, we saw a GP being immediately contacted where a person had told staff that they were not feeling well.

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 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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Staff had completed MCA training and were aware of the principles of the act. Staff told us they respected people's decisions. Their comments included, "People can still make choices even if they have a physical disability. We do not judge or make assumptions based on people's appearances" and "Not everyone has the same capacity but using the right approach we make sure that people can make choices for themselves, for example by giving them time to decide."
- The registered manager demonstrated a good understanding of the MCA. Where a person's capacity was doubted, they reported their concerns to the local authority who take the lead on carrying out a mental capacity assessment, followed by a best interest decision, to ensure they supported a person to manage their finances safely.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People described staff as kind and caring. Their comments included, "[Staff] are always friendly, polite and they do a great job" and "The staff are very nice, and I have a laugh with him." A healthcare professional described staff as "hard working and caring."
- People told us they had a priest visiting the home regularly and that they were able to attend to their religious beliefs if they wanted to.
- Staff were aware of people's cultural needs and where required they provided support to meet these needs. A staff member told us, "We have people who don't speak English. We have staff to support them who speak their language. In case these staff members are not on shift, we ask another person who lives here to translate if needed. There is also a list of common phrases in their flat which we use to communicate with these people."
- The registered manager told us they ensured that information regarding people's diversity was easily accessible to staff, for example they had people's food choices displayed where staff could easily see it, so they could ensure the right support for people.

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

- People told us that staff had time to talk to them and that they were listened to, with one person saying "Oh yes! We do chat and [staff] do listen to you."
- People were provided with opportunities to have discussions about their care delivery. Key working sessions, with an allocated staff member to help a person to coordinate their care, were facilitated to have one to one discussions with people about the care delivery and where necessary to help them to make plans, for example in relation to their family members visiting.
- Regular residents' meetings were held to update people on relevant service matters, such as health and safety issues, and also to have discussions about the support they wanted to receive.
- People made choices about their care delivery. Records showed that regular care plan review meetings took place to discuss the changes needed. One person said, "Yes, [to their care plan being reviewed regularly] and I am always involved. If I'm not happy or worried about anything I go and see a member of staff and they change it for me."

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy and dignity was respected. Their comments included, "[Staff] ring the bell before entering and if I have a visitor, [staff] respect that" and "[Staff] knock on the door and ask if it's okay before helping me." A family member told us, "[Staff] don't discuss [my relative's] private matters at inappropriate times or places."
- Staff encouraged people to undertake activities for themselves, so they could maintain their

independence. A family member told us, "[Staff] encourage [my relative] to do things for himself but if he can't and he needs someone, they help." A staff member said, "I encourage one lady to wash her face as I cannot take away her independence."

- Personal information about people was only shared on a need to know basis. The registered manager told us they adhered to people's choices and left out information that they didn't want included in their care records such as certain family contacts.
- We observed people's care records being kept in a lockable cabinet and that only authorised staff had access to personal information about people.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People felt that staff were aware of their health and social care needs. One person said, "Yes [to staff knowing their history and health care needs] and that's how it has always been. [Staff] are like a second family." Another person told us, "[Staff] know my [health] condition and look after me accordingly." A relative said, "There's good communication [at the service]. If one of the junior staff doesn't know something, they'll ask the senior staff who can then ask me."
- Staff worked in partnership with healthcare professionals to meet people's support needs. A healthcare professional told us, "[Staff] are proactive in asking for [care needs] assessments and visits [to the service]."
- The provider was compliant with the Accessible Information Standard. Care plans included information about people's communication needs such as their preferred method of communication and any equipment used to support their communication.
- People had care plans in place that included information about their support needs such as assistance required with meal preparations, medicines management and personal hygiene. The care plans had also provided personal information about people, for example their family history, interests, likes and dislikes and involvement in social activities.

Improving care quality in response to complaints or concerns

- People told us they were regularly asked to provide feedback about the service delivery. Their comments included, "[Staff] occasionally come with questionnaires and yes I completed them" and "[Staff] come about twice a month and ask questions if I am happy."
- People were provided with information who to complain to should they need to raise their concerns. One person said, "If I had to, I'd just have a word with the manager, but I feel I have a good relationship with them all", "I can go to the housing manager or [residents'] meetings once a month to make a complaint. There was one case of the door being dangerous, so myself and a few others made a complaint and they did look into it" and "All I would have to do is speak to the manager or one of the staff. But I've never had to."
- Systems were in place for recording any complaints received. Records showed that the complaints received were appropriately investigated addressing the complainants concerns, for example cleanliness of the person's flat.

End of life care and support

- The registered manager told us that there were instances where they provided end of life care but that this was not a standard practice and that currently they were not delivering end of life care. Where required, staff were guided by the relevant healthcare professionals to help people to stay comfortable for as long as possible.
- Staff were required to follow a provider's policy to ensure they provided good care for people at the end stages of their lives. The policy followed the five principles of end of life care: individualised assessment, co-

ordination of care, delivery of high-quality services, care in the last days of life and care after death.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- Some quality assurance processes were in place to monitor the quality of the services being provided for people. There were systems in place that were used by the senior managers to monitor service performance. Data related to people's care was rated either green, amber or red to guide the management team to where improvements were required. For example, the amber rating indicated when staff were due to complete refresher training.
- Records related to incidents and accident, safeguarding, complaints and people's care were annually audited by a health and safety person at the central office. Their last audit was carried out in September 2018 and they were mostly happy with the care provision at the service and quality of people's care records.
- Team leaders were responsible for staff support and had regularly evaluated staff's performance on the job through direct observations and obtaining feedback from people.
- We found that the registered manager was actively involved in dealing with the individual issues occurring at the service and took actions to investigate any reported incident and accident and abuse allegations. They also carried out regular audits to ensure that people were supported to take their medicines as prescribed.
- However, there were no quality assurance processes in place for the registered manager to review the quality of people's care records. The registered manager told us that people's care records were checked by them at the time they were updated. As we already noted, risk assessments had not always reflected people's current care needs. Information was missing about people's health conditions and this was already noted in our previous inspection report. This meant that the registered manager had failed to take appropriate action to monitor and update people's care records.

We recommend that the provider seeks guidance on how to sufficiently monitor and improve the service delivery so that people experienced safe care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager's values were evident throughout the inspection and highlighted by the staff that we spoke with. We found the registered manager was committed to provide good care for people in the way that promoted people's independence and people were treated as individuals.
- Systems were in place to support good communication between the staff members. Staff were required to complete a log recording their daily activities which was used to inform other staff members about the follow-up actions required during their visit.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the organisation and staff members were aware of their responsibility to raise concerns should they have any. A staff member told us, "We can ring the manager at any time if we have any concerns; she is not off limits to us at all. The manager is firm but fair, she doesn't let us cut any corners."
- Systems were in place to ensure on-going support for the staff team. The management team shared the responsibility of providing an on-call service for the staff team should they require guidance and support during the office out of hours.
- The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law and our records showed that these were sent to CQC in good time since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that the registered manager was approachable and available to speak to when they needed to. Their comments included, "[The registered manager] is very approachable and quite helpful", "[The registered manager] is good and yes I can talk to her when I need to" and "[The registered manager] knows me well."
- Staff's views of the care provision continued to be sought to drive improvements at the service. Regular staff meetings were facilitated to engage staff in developing the service and update them on issues related to the service delivery such as safeguarding concerns raised.
- People were encouraged to provide feedback about the staff that supported them and nominated a staff member of the month based on their good performance.

Working in partnership with others

- The staff team worked in partnership with relevant healthcare professionals and stakeholders to ensure they provided good quality care for people.
- The registered manager confirmed they used data provided by the CQC and internal provider updates for information about the changes taking place in the social care sector. This helped to ensure that any changes required were reflected in the service's practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments had not identified the assistance people needed to carry out tasks safely. There was a risk that important information on the potential risks to people was missed.</p> <p>Regulation 12(1) and (2)(a) and (b)</p>