

Sevacare (UK) Limited

Mayfair Homecare - Farnborough

Inspection report

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20 March 2019

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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

About the service:

Mayfair Homecare Farnborough is a domiciliary care service. At the time of the inspection the service was supporting 75 people in their own home. People supported included older people, younger people and people living with dementia.

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

People's experience of using this service:

- People provided mixed feedback about the timing of their care calls and some people had cancelled calls due to care not being offered at the required times.
- People received their medicines from trained staff. However, we found the provider had not ensured people's medicine needs had been fully documented and people's medicine records were incomplete.
- Processes to monitor the quality of the service and drive improvements were not fully effective.
- Most people had detailed risk assessments in place where required to minimise the risk of harm. Some people's care files did not have risk assessments where needed.
- The provider had strengthened their recruitment procedures since the last inspection and there had been a positive impact on staff retention and moral.
- People received care and support from staff who were trained and had the right skills and knowledge.
- Care workers had developed good relationships with people they supported. They respected people's dignity and privacy, and promoted their independence.

Rating at last inspection:

- At the last inspection the service was rated requires improvement (20 April 2018). This means this is a repeat rating of requires improvement.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our prior inspection.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection

timescales for Requires Improvement services.

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 - Farnborough

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: The inspection team consisted of two inspectors and one 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, in this case services for older people.

Service and service type:

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults with a range of 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people who may be out during the day. We needed to be sure that they would be available to speak with us.

Inspection activity started on 18 March 2019 with telephone calls to people who used the service. We visited the office on 19 and 20 March 2019 to see the registered manager and staff, and to see care records, policies and procedures, and visited one person in their home.

What we did:

Before the inspection we looked at information we held about the service:

We did not request a Provider Information Return prior to the inspection, instead we gathered this information at the inspection. Providers are required if requested to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection. We reviewed the previous inspection report and the providers website.

During the inspection:

- We spoke with ten people who used the service and one family member by telephone.
- We spoke with the registered manager, the care services director, the recruitment and wellbeing officer and three care staff.
- We looked at the care records of six people.
- We looked at four staff records, including training and recruitment records.
- We looked at other records to do with the management of the service.

Is the service safe?

Our findings

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

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.

Using medicines safely:

- People's records did not consistently contain accurate information or guidance on dosage amounts of 'as required' medicines. Where records showed 'one to two tablets' to be given, staff did not record the amounts that were given.
- There was no guidance for staff about the application and management of transdermal patches. Transdermal patches are a medicated adhesive patch that delivers a slow release of a medicine, often a strong pain killer. Transdermal patches should be placed on a different part of the body each time it is changed. There were no notes or body maps to show that staff had been doing this.
- At our last inspection in March 2018 the provider's Medicine Administration Audits (MARS) had shown that there had been gaps in people's MARS charts. At this inspection we found that over 50% of people's MARS charts had gaps on them. We noted that in team meetings this had been discussed and staff were asked to ensure MARS were completed accurately in three team meetings in the last six months. This had also been raised as an issue in the provider's internal quality audit in January 2019. Staff had written in people's daily notes that they had given medicines, but this is not best practice guidance and increases the risk of medicine errors occurring. There had been no impact or harm to people at this time.
- Staff had received training and competency checks in medicines management. The provider told us they planned to carry out medicines workshops for staff.

The failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse:

- There were processes in place to minimise the risk of abuse.
- The provider's systems, processes and staff training made sure people felt safe.
- People we spoke with told us that they mostly felt safe.
- One person when we asked 'do you feel safe with the care you receive' replied; "Most of the time, I have the same carers and have got to know them."
- Staff were aware of the risk of abuse, signs to look out for, and how to report any concerns. They were confident the provider would manage any safeguarding concerns effectively.
- Where staff raised concerns about people's safety arising from third party actions, the registered manager reported the concerns to the local authority and to the commission.

Assessing risk, safety monitoring and management:

- People had risk assessments in place to manage risks associated with falls, moving and handling and risk of a person developing a pressure sore.

- Some people had comprehensive risk assessments whereas other people did not have risk assessments in place for known risks such as medical conditions that could cause harm;; there was not always guidance for staff about the signs to look out for or to report to health professionals.
- Environmental risk assessments were carried out to ensure the safety of people and staff when in the home. However, we observed that one person we visited had hazards in the home, one was on their risk assessment but had not been followed to prevent the hazard, whilst another had not been identified on their file. Therefore, there was lack of consistency of robust risk assessments. We spoke with the registered manager who told us they would review and amend these.

Staffing and recruitment:

- More than 50% of the people we spoke with told us there was not enough staff and that this had resulted in people cancelling their calls as the only times offered were too late.
- One person told us, "They haven't got enough carers, the regulars are very very good. They have lots of staff who come from Portsmouth. I have been let down twice this year as they could not come at the time I needed."
- One person told us, "Calls have got later, they have me down for 10.45 which is too late, there are not enough carers, so I end up with late calls and have to rush about."
- People told us that the communication from the provider regarding late calls was poor.
- The provider has had difficulties with recruiting in the last year and had worked hard to recruit new staff, staffing levels were improving and staff were brought in from another branch to help out where needed. The registered manager said they were still actively recruiting and that staffing levels had improved recently, as had retention of staff.
- The provider's recruitment process was robust, and included the necessary checks to ensure that candidates were suitable to work in the care sector.
- The provider kept the necessary records to show recruitment processes were followed.

Preventing and controlling infection:

- The provider had processes in place to reduce the risk of the spread of infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of infection.

Learning lessons when things go wrong:

- The registered manager reviewed all accidents and incidents to identify lessons and improvements to people's care. These were not always effective as incidents had been recorded but no actions taken or improvements were made, such as with the gaps in MARS sheets.

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.

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

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

- People's care needs were assessed and care plans were created which were individual to the person.
- Where people had more complex needs, the provider took advice from other health and social care professionals such as specialist nurses.
- Staff told us care plans contained the information they needed to support people according to their needs and choices.
- People were satisfied with the quality of the care they received.
- One person told us, "Oh yes, they understand my medical conditions and needs."

Staff support: induction, training, skills and experience:

- People were satisfied that their care workers were properly trained.
- One person told us, "Oh yes, they are well up with training, confident, I can't fault them, one in particular is and another is very good."
- Staff completed a thorough induction based on the care certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs, such as catheter care.
- The registered manager had an effective system to monitor that staff training and competency checks were up to date.

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

- Staff supported people with food preparation and with eating if required.
- Staff ensured people were adequately hydrated and recorded their dietary and fluid intake if people were at risk of malnutrition or dehydration.
- People we spoke with confirmed they were given support with nutrition. One person told us, "They [staff] prepare my lunch and get my breakfast, I have no complaints."
- If people were at risk of poor nutrition their care plan took into account their needs and choices around food and drink.

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

- Where appropriate care workers recommended that people consult other healthcare professionals. We saw evidence of this in people's care notes.
- The registered manager told us they worked in partnership with district nurses, occupational therapists, pharmacies and GP's to meet people's needs. Where advice was given from professionals this was noted in

people's care files for staff to refer to.

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

- Records we reviewed contained evidence of referrals to healthcare and social care professionals where required.
- If people were not able to attend healthcare appointments themselves then the provider would liaise with families and friends so they could support this as the provider did not offer this as part of the care they provided.

Ensuring consent to care and treatment in line with law and guidance:

- Records showed people consented to their care and support plans.
- Care workers sought consent each time they carried out personal care with people.
- The Mental Capacity Act 2005 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.
- We found the service was working within the principles of the Act.
- Staff received training in the Mental Capacity Act 2005 and understood how to make best interests decisions if people lacked capacity.

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.

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 we spoke with consistently praised the staff who cared for them. One person told us, "They are very kind and caring, I don't know what I would do without them, they are all very nice. They always notice if I'm not up to much and help me back to bed."
- People told us they had developed caring relationships with their care workers.
- One person told us, "They are like my adopted daughters."
- One person's relative told us, " She [staff member] gets on really well with [loved one]. She makes him smile."
- Staff we spoke with displayed a caring disposition. One staff member told us, "I really like this job and the best bits are the clients. I'm lucky because I see the same people regularly and they get to know me."
- Staff training included equality and diversity, so staff were aware of and ready to deal with care needs arising from people's social or religious background.

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

- People were actively involved in their care and support decisions which included their relatives where appropriate.
- One person told us, "The girls [staff] are great, they ask what I need or want from them and they do it."
- In addition to daily contact with their care workers, people could call the registered manager at any time. Most of the people we spoke with told us they felt they could call the office if they needed to. One person however told us that they had phoned with some concerns regarding communication, the registered manager had arranged to go out and speak with them. The meeting was cancelled and there had not been another one arranged. We spoke to the registered manager regarding this and they told us they would call and rearrange this meeting.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives confirmed that people were treated with dignity, respect and that their independence was promoted.
- One person told us, " They always knock to be let in and are always mindful of my privacy, they don't barge in." Another person told us, "They [staff] encourage me to do things for myself where I can."
- Staff we spoke with told us how they promote people's independence and respected their privacy and dignity.
- One staff member told us, "I always knock before I go in, and cover people up and close the curtains when people are having personal care."

Is the service responsive?

Our findings

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

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 told us staff planned care and support in partnership with people.
- People told us they had been involved in drawing up their care plan. Feedback included, "My care plan is up to date, the new manager is trying to get to see me. Yes, I have my care plan in my folder." and, "Yes, they [office] rang me recently to go over my care plan, I haven't received copy back yet."
- People's needs were captured in care plans which contained detailed information about how they wished to receive care and support.
- The provider complied with the Accessible Information Standard, a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider told us how they would give information in a format that people could understand should the need arise. At the time of inspection there was no one who needed information in an alternative format.

Improving care quality in response to complaints or concerns:

- The provider had systems in place to log, respond to, follow up and close complaints.
- We reviewed the complaints since our last inspection. They had been dealt with in line with the providers policy and closed.
- People told us they were aware they could complain and knew how to do so. One person told us, "Yes would certainly raise a complaint if I needed to."
- People told us of how they had previously complained and that their complaints were dealt with effectively.

End of life care and support:

- The provider did not currently have any people receiving end of life care.
- We discussed with the registered manager how they would support people at the end of their life. The registered manager confirmed they would work closely with the person's GP and specialists where appropriate to ensure a dignified and pain-free 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.

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:

- Improvements were required in respect of the effectiveness and of the operation of the provider's systems and processes for assessing, monitoring and improving the quality of the service.
- We found some evidence of an analysis of reported incidents that might lead to the identification of a trends. However we found no evidence of a concerted and focussed attempt to resolve and improve the identified trend.
- Even though the provider's systems and processes for assessing the quality and safety of the service had identified the issues we had found in respect of the unsigned MARS and gaps in people's risk assessments action had not been taken to address these to ensure the required improvements had been made.
- Mayfair Homecare Farnborough had had a challenging year, following our last inspection the service was asked to take on a large number of care packages following another service in the area closing.
- There had been low staff moral and there was a high number of staff calling in sick and leaving the service. This resulted in at first missed care calls. The management team worked closely with the local authority to minimise the impact this had on people. At the time of inspection improvements had been made.
- The new registered manager and service manager had worked hard to make improvements, starting with working on retaining staff. The provider recruited a recruitment and wellbeing staff member to help address this. This had a positive impact on staff retention and moral.

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

- There were management systems in place to promote person-centred care.
- The registered manager was supported to deliver quality care by the management team and staff who took a direct interest in the service.
- The culture within the staff team had improved, and staff worked in line with the providers values.
- Staff feedback on how the service had improved included, "Things are much better than they were." And "Things are still improving but so much better."
- Staff told us that the management team had an 'open door' policy, and felt they could go to them with any issues.
- Our feedback and the provider's own surveys showed that people were mostly satisfied with the quality of care and they received.
- When we asked people if they felt the service was well led there was mixed feedback, including, "If they say they will ring back they never do, it's not run properly. Maybe changes to the girl's rotas would help." "They do a good job, all very cheerful, they do have a shortage of staff, I couldn't do without them." "They are trying to get it right and put things in place, mainly staffing." and "It's under different management, just a staff

problem, they have done marvellous in last 2-3 months."

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

- The provider had systems and processes in place to monitor the quality of the service. However, these were not robust. The provider stated they would improve this following inspection.
- The registered manager was in the process of improving systems and processes with their management team.
- There were some quality checks on care files, care logs, medicines records, and other records, however these needed to more regular and detailed.
- Spot checks and competency checks were carried out on staff care calls to monitor the quality of the care being given.

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

- In addition to day-to-day contact with people who used the service, there was a customer satisfaction survey. The results of this were mostly positive other than the previously mentioned issue with regards to communication of late calls. The registered manager had made plans to improve this.
- The registered manager had an 'open door' policy and regular team meetings and supervisions to engage with staff.
- The provider had introduced staff awards to include and reward staff for their continued efforts and commitment. This had a positive impact on staff moral and they felt appreciated and valued.

Working in partnership with others:

- There was a good working relationship with the local authority and other agencies such as GPs, pharmacies, occupational therapists and district nurses.
- The registered manager had sought support and training from external professionals when needed, such as for catheter care.

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>Medicines were not being managed safely. There were gaps in MARS charts and there was no guidance for staff with regards to administering PRN medicines or transdermal patches. This meant there was risk of harm to people through medicines errors. Regulation 12 (1) (2) (g).</p>