Sevacare (UK) Limited

Mayfair Homecare - Hillyard House

Inspection report

Hillyard House
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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

Mayfair Homecare - Hillyard House is registered for 'personal care'. The service provides care and support to people living in their own homes within Hillyard House, 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.

Some people living at Hillyard 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.

Mayfair Homecare - Hillyard House provides care and support to older adults some of whom have physical and learning disabilities, mental health needs and living with dementia. At the time of our inspection 22 people were receiving support with personal care from this service.

This inspection took place on 16 October 2018 and was announced. This was their first inspection since their registration.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

At the time of inspection, we found that staff were not always provided with training courses for mental health and learning disabilities. We made a recommendation about this.

The service was in the process updating people's risk assessments to ensure that staff were provided with the necessary information on the potential risks to people. Systems were in place for reporting any potential abuse to people and incidents and accidents occurring. People told us there was enough staff to meet their needs as necessary. The service followed appropriate staff recruitment procedures to ensure that suitable staff took care of people. People had the necessary support to take their medicines as prescribed. Staff were trained to provide hygienic care for people.

Staff had to undertake comprehensive induction training to ensure they knew people's individual needs well. Regular supervision and appraisal meetings took place to support staff's developmental needs. People were provided with equipment to call staff should they require unscheduled assistance. People had support to attend medical appointments when they needed it. Staff assisted people to prepare meals according to their preferences and dietary requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People described staff as polite and attentive to their care needs. Staff respected people's individual needs and encouraged their independence. Staff were aware of how people wanted to be cared for and provided support that was dignifying and respectful towards people's religious and cultural needs. There was a variety of activities facilitated at the service which helped people to build relationships if they wanted to.

Care records held information on the support people required to meet their health needs. People had their care needs reviewed which informed staff on how people wanted to be cared for. Information was available about people's communication needs and the support they required to engage in conversations with staff. People told us they felt confident to make complaints and that changes would be made to the service delivery as necessary.

People told us that the registered manager was approachable and available for conversations. The service was led by a registered manager who took responsibility to ensure safe care delivery for people and good team management practices. Staff understood their role expectations and followed processes to share information effectively. The management team undertook regular quality assurance checks to identify any improvements required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk management plans had not always held information on the potential risks to people and the provider was in the process updating them.

Policies and procedures were in place for reporting any potential abuse to people and incidents and accidents occurring. Appropriate staff recruitment processes were followed to employ staff fit for the role.

People had their needs assessed on the support they required to take medicines safely.

Is the service effective?

Good

The service was effective.

Staff were not always supported to update their knowledge and skills in all areas required for the role.

Staff supported people to prepare food according to their choices and access healthcare professionals when they needed it.

Staff followed the Mental Capacity Act 2005 (MCA) principles as required by law.

Is the service caring?

Good

The service was caring. People felt that the care provided was always dignifying.

Staff respected people's preferences and the support provided had met people's cultural and religious needs.

Staff encouraged people to take responsibility for the activities they could carry out themselves.

Is the service responsive?

Good

The service was responsive. Care needs were assessed and reviewed regularly to determine the assistance people required to meet their health conditions.

Staff supported people to use their preferred methods of communication.

People were provided with guidance on how to complain and were confident to raise their concerns should they need to.

Is the service well-led?

Good

The service was well-led. The management team were available to address people's concerns if they had any.

The registered manager was involved in the day-to-day running of the service and encouraged good practice for sharing information effectively.

Regular quality assurance checks were carried out to monitor the standards of care delivery.

Mayfair Homecare - Hillyard House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 16 October 2018 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be in. This inspection was carried out by an inspector and 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.

Prior to our inspection we reviewed the information we held about this service, including any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. The PIR 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.

During the inspection we spoke with nine people, asking for their feedback about the service. We also talked to the registered manager, care services manager, three staff members and activity co-ordinator working for the service. We looked at care records for four people and reviewed records related to staff training and recruitment, safeguarding, incidents and accidents, management of medicines, audits and other aspects of the service management.

Before the inspection, we contacted healthcare professionals asking for their feedback about the service, but they did not respond.

Good

Is the service safe?

Our findings

There were risk management plans in place for staff to follow to ensure that people were provided with the required support. Detailed information was available on the actual support people required to stay safe and the actions staff had to take to mitigate potential risks to people. However, people's risk assessments lacked information on the specific risks to people and how these risks could affect people should they occur, including severity and likelihood of the potential risks to people in relation to their daily activities such as food preparations and personal hygiene.

We raised this with the management team who told us they had already identified this area needed improvement and were in the process of using a new template for assessing the risks to people. We will check their progress at our next comprehensive inspection.

Staff were aware of the safeguarding procedure to protect people from potential harm and abuse. One staff member said, "If I saw a client being abused, for example their money being taken, I would report this to my manager for investigation." Records showed that any safeguarding concerns raised were investigated in good time and followed-up as necessary.

People told us that staff were available to support them when they needed assistance. One person said, "Carers never miss a call. [The managers] let me know if one of them is ill and they send someone else." People said that staff attended their shifts on time. Their comments included, "[Staff] really are on time", "It's important [for staff to come on time] because I would feel very vulnerable if I was left to my own devices" and "Sometimes [staff] might be a bit early or sometimes a bit late. If [staff] are busy they might pop in and say, 'I can't stop now but I'll come back in half an hour', but that doesn't happen often."

There were recruitment procedures in place to help the registered manager check staff's suitability for the role. Records showed that staff had to fill-in a job application form, attend an interview, provide two references and carry out a criminal records check before they started working with people. The service used an electronic system to record any relevant information about the staff they employed, including expiry dates of the provided identification documents so this could be followed-up when necessary.

People's care plans included details on the support people required to manage their medicines safely. Information was available on the assistance people required to order, administer and dispose of the unused medicines. Staff signed the medicines administration record (MAR) sheets to confirm that people had taken their medicines.

Staff had the necessary knowledge and skills to protect people from cross contamination. One staff member said, "I always wash my hands and do not use the same gloves for different tasks." Another staff member told us, "We clean thoroughly and use protective clothing to avoid risk of infection."

Records showed that any reported incidents and accidents were recorded and followed-up as necessary. Staff were required to complete an incident and accident form which was reviewed by the registered

manager to ensure that all the necessary actions were taken to protect people. This included contacting emergency services for immediate support and making referrals to healthcare professionals to review people's changing care needs.

Good

Is the service effective?

Our findings

Staff were provided with training to support them in their role. Records showed that staff were up-to-date with the mandatory training courses, including safeguarding, medicines management, health and safety, Mental Capacity Act (2005) and moving and handling. However, we noticed that some staff had not completed training for mental health and training in relation to learning disabilities was not provided. The registered manager told us that people's individual needs in relation to their mental health conditions and learning disabilities were regularly discussed to ensure that staff were aware of the support people required to meet their health needs. After the inspection, the care services manager told us they requested for these training courses to be arranged as soon as possible with the expectation for staff to complete it in one month.

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.

Staff were required to undertake comprehensive induction training to ensure they had the necessary knowledge and skills to support people with their individual needs. Staff told us they had to read people's care plans before they started working with people. Newly employed staff had to shadow more experienced staff members which helped them to make observations on how people wanted to be supported. Records showed that new employees had their performance evaluated to ensure they were confident to support people with their care needs. Processes were in place to monitor staff's on-going performance and developmental needs. This included regular supervision and appraisal meetings and staff observations on the job. One staff member told us, "My manager is very very supportive. I was given more responsibility which increased my confidence."

Equipment was provided to people to promote their independence. People had emergency call pendants and access to call bells which they used to call staff if they needed assistance. One person, "It's very nice because you've got your independence with the [pendant] as it is a security of knowing there's someone else around." Staff were trained in supporting people to use manual handing equipment, including wheelchairs and walking aids. This helped people to move around the home independently.

Assessments were carried out to determine the assistance people required to meet their nutritional needs. People told us that they had the necessary support to meet their dietary needs and according to their choices. Their comments included, "Sometimes I'm not hungry and I just want soup and they give me that" and "[Staff] ask me what I want to eat and they make it or warm it up for me." Staff were provided with guidance on how and when people wanted to be supported with food shopping and preparation of their meals.

Staff supported people to attend to their health needs when they needed assistance. One person said, "If you're not feeling well [staff] will get the doctor from over the road to come in and see you." The registered manager told us they made referrals to healthcare professionals if people's health needs changed and provided additional staff to accompany people to attend medical appointments if they didn't have relatives

to support them.

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.

We checked whether the service was working within the principles of the MCA. A staff member told us that if they saw a person finding it difficult to make a decision, they gave them time and additional support to check if they could make the decision themselves and if this was not enough, the management team got involved to support the person. The registered manager said they worked in partnership with the local authority to assess people's mental capacity and to make a best interests decision as necessary. An example for this would be a person being supported to make a decision about them moving to another home. This meant that all the relevant agencies were involved in the decision-making process.

Good

Is the service caring?

Our findings

People told us they were supported by staff who were kind and caring. People's comments included, "[Staff] are very nice to me; it's the way they talk to me. You feel better when they talk to you as if you are as good as each other; someone of importance", "[Staff] are very polite. I haven't got a bad word to say about any of them" and "Carers are polite and kind."

Staff encouraged people to make choices about their support needs which enabled people to get involved in making decisions. People told us they were asked to choose what they wanted to wear every day. One person said, "[Staff] help me choose the clothes I wear. [Staff] might say 'What about this?' and hold something up to show me." People made choices about their daily routines. One person told us, "If I say I want to have a lie in today [staff] let you." Another person said, "Sometimes I don't want to get up and [staff] say they'll come back in 10 minutes."

People were encouraged to undertake tasks for themselves which supported their independence. One person said, "I think [the service] strike the right balance between supporting us to be independent and having [staff] there if you need them." Another person told us, "[Staff] help me to get up, shower and dress. [Staff] will let me do what I can myself and if I can't they support me."

People felt their dignity was promoted and that they were respected at all times. One person said that staff "always ask permission" before they start support with personal care. Another person told us that staff informed them about their actions and checked that the activities undertaken were in the way they wanted them to. One other person said, "I don't want men helping me with washing so a lady does it all the time." We observed that staff rang a door bell and waited for people to respond before entering their flats which ensured that people had privacy when they needed it.

Care records included personal information about people which was used by staff to enhance people's preferences. People had their religious beliefs recorded and if they wished to attend a church. A weekly church service was also facilitated on the premises for those people who were not able to attend the church. People's care plans held information about people's history and relationships that were important to them which was used by staff to have conversations with people.

Staff treated people as individuals and knew what was important to them. One staff member said, "I know if a client doesn't eat certain food because of their religion. I make sure I support their choice." Staff told us they were aware of people's cultural needs, including the support people required to prepare meals according to their culture.

People had access to the communal areas of the home where they spent time socialising and taking part in the activities facilitated by the service. People told us there was a number of activities to choose from and according to their preferences. People were provided with a library and computer facilities and the service was in the process of arranging internet for people. People had access to the garden area which they used to spend time with their visitors.

Good

Is the service responsive?

Our findings

People told us they received support that met their care needs appropriately. Their comments included, "I don't think the care could be better. Whatever I need I get", "[Staff] are very devotedly looking after me which is a great encouragement for me" and "[Staff] do everything I ask and even go the extra mile. [Staff] are unconditionally good."

People's care records were well organised which made it easy to find data quickly when required. Staff were provided with information on how people wanted to be supported, including assistance they required with washing. People had their health needs identified and guidance for staff was provided on the support required to meet these conditions, for example when assisting a person living with dementia.

People had their care pans reviewed regularly which ensured they were provided with opportunities to discuss their support needs. Records showed that people were involved in discussions where changes were necessary to their care, including the need for the support hours to be increased.

People's care records included information on the support people required to communicate. Data was available on the means of communication people used to express their views, including verbal and written communication. It was also assessed if people found it difficult to understand the conversations taking place and guidance for staff was provided on how to support these people with communication, for example staff were required to talk slowly and clearly when speaking to a person with hearing difficulties.

People told us they felt confident to approach the management team if they were not satisfied with the care provided for them. One person said, "If I did have a complaint [the management team] would be sympathetic and it would be dealt with in the best possible way. But I haven't had a complaint." Another person told us they never had to make a complaint because the service "is faultless." People had information on who to contact should they require to make a complaint. A complaints flow chart was visibly displayed in the hallway for easy access should people want to address their concerns.

People were provided with opportunities to express their views so action could be taken by the provider to improve where necessary. Regular resident's meetings were facilitated by the registered manager to update people on the changes taking place at the service and also hear their feedback about the service delivery. The registered manager told us, "The residents meetings are important to me. I know my staff are good but I still want my residents to tell me if something is not ok."

Policies and procedures were in place for staff to follow to ensure they provided dignified care for people at the end of their lives. Staff had to follow instructions on how to support people if their health was gradually deteriorating and in emergency situations. Staff had access to information in relation to people's advanced choices such as 'Do Not Resuscitate' decisions. At the time of inspection, end of life care was not provided for people.

Good

Is the service well-led?

Our findings

People told us they had regular contacts with the management team which was important to them. One person said, "The managers come to see me; they're interested in me." Another person told us, "I go to see the managers every morning and talk to them." One other person said, "[The registered manager] is a very nice lady." People told us that the services provided to them were up to the required standard. One person said, "I'd recommend [the agency] to anyone."

There was good leadership at the service with shared responsibilities to ensure effective care delivery for people. We found the registered manager to be aware of what was happening at the service daily and they were involved in matters arising to ensure people's safety. From the conversations observed between the registered manager and people, the registered manager had a genuine interest in what was important to people and how they planned their leisure time, including family members' visits. The registered manager was supported by the team leader and senior carers who were responsible for certain aspects of the service delivery. This included on-going support for staff and monitoring of their performance.

The staff team worked together to share information effectively as necessary. Systems were in place to ensure good communication between the staff team. Regular staff meetings were facilitated to discuss issues related to individual people and the necessary actions that staff had to take to deal with people's changing needs. Staff used verbal handovers and a communication book to pass on information to each other to ensure consistent care provision for people. The on-call service was available for staff should they require guidance and support during the agency's out-of-hours period.

The service used auditing systems to monitor the quality of care provided for people. The registered manager carried out monthly health and safety checks to ensure that people were living in a safe environment. Audits took place to check people's medicine stocks and record keeping. Regular checks were also carried out by the provider to review the service's performance. Data was gathered to find out the percentage of staff being on time for their visits and that the same staff were allocated to support people which meant that the service was aiming to provide people with staff who knew them well.

The service sought partnership working with relevant agencies which helped them to keep up-to-date with changes taking place in the health and social care sector. The registered manager told us they attended forums facilitated for managers to share experiences and information about the domiciliary care services. Records showed that the service had regular contacts with healthcare professionals for support and guidance as necessary.