

Sevacare (UK) Limited

Mayfair Homecare - Lewisham

Inspection report

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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

About the service:

Mayfair Homecare - Lewisham is a domiciliary care agency. It provides personal care to older and younger disabled adults living in their own homes. At the time of this inspection 67 people were using the service.

People's experience of using this service:

People's care and support needs were assessed by staff. Each person had a risk assessment and management plan in place to mitigate any risks found.

Staff followed the provider's safeguarding policy and processes. This ensured people were protected from the risks of harm and abuse. Safeguarding allegations were reported promptly for investigation.

Medicines were managed in a safe way. Staff had completed medicines management training and then assessed as competent to support people with taking their medicines safely.

Staff employed at the service underwent a robust recruitment process.

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 and their relatives gave positive feedback about the service, care workers and the quality of care.

People said staff treated them with kindness and were respectful of their dignity and privacy when providing personal care and support.

People took part in activities that met their individual, spiritual and cultural needs.

People and their relatives were involved and contributed to assessments and reviews of their care.

There were processes in place for people to make a complaint if they were unhappy with their care support.

People received appropriate care and support at the end of their lives.

People and relatives had a positive view of the management of the service. They also told us that the service was well-led.

The registered manager completed regular monitoring and review of the quality of the care provided.

Staff said they enjoyed their roles working for the service.

Rating at last inspection: This is the first inspection of this service.

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect 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?

Good ●

The service was safe. Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective. Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring. Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive. Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led. Details are in our Well-Led findings below.

Mayfair Homecare - Lewisham

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 announced inspection took place on 30 April 2019 and 1 May 2019. One inspector and three Experts by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

Service and service type:

Mayfair Homecare - Lewisham provides care and support to children, adults who are living with a physical disability and adults over 65. At the time of this inspection, 67 people were using the service. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 registered manager is often out of the office supporting staff. We needed to be sure that they would be in. We made telephone calls to people using the service on 30 April 2019 and 1 May 2019. We visited the office location on 30 April 2019 to see the registered manager and to review care records, policies and procedures.

What we did:

Before the inspection, we looked at information we held about the service including notifications sent to us. A notification is information about important events, which the service is required to send us by law. The provider completed 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.

During the inspection:

We spoke with the registered manager during the inspection. We looked at 10 care records and medicine administration records. We also looked at 10 staff records and other documents relating to the management of the service.

After the inspection:

We spoke with 18 people who used the service and three relatives. We spoke to two care workers. We received feedback from one health and social care professional.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- The provider had a safeguarding policy and processes in place.
- Staff understood and followed safeguarding guidance to protect people from the risks of harm and abuse.
- Training in safeguarding adults gave staff knowledge of types of abuse and the importance of acting promptly to manage an allegation of abuse.
- The registered manager kept safeguarding records. These showed safeguarding concerns were managed and reported to the local safeguarding team for investigation.

Assessing risk, safety monitoring and management.

- People said they felt safe with care workers. Comments included "I'm very safe" and "Yes, I feel safe with them [care workers]."
- Systems were in place to monitor missed and late care visits. The care system alerted office based staff of late or missed care if a visit was not logged as expected. Staff would contact the care worker concerned to find out why they were late, what their time of arrival would be and also inform the person using the service of this delay. Staff would find an alternative care worker to visit the person, if the care worker was going to be more than 30 minutes late.
- Most people we spoke with said that staff were on time and were happy with the time of their visits. People commented that "The staff arrive at the right time", "Usually. Sometimes they are held up but usually [the carers are] pretty good" and "Not always, they are usually late. The reason I am told is that they have been held up by a previous client. They don't always call if [they are] running late." During the inspection we spoke to the registered manager about this incident with the person's permission. The registered manager confirmed they planned a home visit with the person to discuss their concerns the next day and investigate the lateness of the care worker. We were advised that the visit went ahead as planned, the concerns were resolved and the care worker spoken with.
- Staff assessed and identified risks to people's health and wellbeing.
- Each person had a risk management plan in place. This detailed the risks identified and the support staff would provide to reduce the risk. For example, records showed one person was at risk of falls and unable to climb stairs. Their risk assessment detailed that staff support to help the person to stand with their Zimmer frame. The person also needed their wheelchair to be available, so they were able to sit down if they got tired. The person's family had arranged their bedroom on the ground floor of their home, so they were able to avoid using stairs. The management plan detailed the increased likelihood of a fall if the appropriate support was not available for them.
- Risk assessment and management plans were reviewed by staff. When new risks were found these were updated in people's management plans to ensure all risks were managed to keep people safe.

Using medicines safely.

- People who needed medicines support were confident their medicines were correctly given. Some people were able to manage their own medicines independently or with support from their family member. Comments included "My [relative] does my medication" "My [relative] takes an enormous amount of medication plus insulin for diabetes. I help in doing all his/her medication" and "Yes, I self-medicate."
- Each care record contained details of the medicines people were taking, including the name, time and dose.
- Medicine administration records (MARs) were used when staff administered medicines.
- MARs were returned to the service for review. Staff completed a medicines audit that reviewed the management of medicines and staff practice in this area.
- The MARs we saw were completed accurately and any concerns with recording were identified and shared with staff.

Staffing and recruitment.

- The registered manager had enough staff available to support people with their care and support needs.
- People gave us mixed views of the timeliness of care staff. They said "Yes, yes very good service and the staff arrive at the right time" "They call if running late" and "Sometimes they are held up but usually pretty good" Other people commented "When I had the weekend carers they would be due at 0730 through to 0800 but would often arrive closer to 1130 and then wanted to roll the morning visit into the lunchtime visit. When I raised this issue with the office they just said, "oh dear, we must tell Social Services" and "Not always, they are usually late" and "I have just to accept the lateness." We informed the registered manager of some of the concerns raised with us at the time of the inspection. The registered manager scheduled a home visits with people who raised these concerns.
- There were established recruitment systems in place. This enabled the service to employ suitable and experienced staff.
- The service checked previous employer references, proof of the right to work in the UK and identity for new staff.
- Each member of staff had a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.
- There was a system in place that recorded and alerted office-based staff of the renewal of right to work permits, training, DBS, supervision and appraisals.

Preventing and controlling infection.

- The provider had an infection control policy.
- Staff understood infection control practices and their responsibility to practice good hygiene techniques.
- The provider had supplies of gloves, aprons and uniforms to help staff protect people from the risk of cross-infection.

Learning lessons when things go wrong.

- The registered manager completed reviews of incidents that occurred at the service.
- There were systems in place that recorded and monitored accidents and incidents and safeguarding allegations.
- The registered manager reviewed the incidents for themes and shared these with staff. For example, concerns were found with the quality of medicines management records and this was shared with staff. In response staff had additional training in medicines management to improve their practices. The registered manager said sharing information with staff when things went wrong helped to develop their individual skills and learning.

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.

- People had care and support from staff who had access to an induction, training, supervision and an appraisal.
- Each member of staff completed an induction on their employment to the service.
- The induction enabled staff to become familiar with the organisation including processes and policies and how to provide care and support to people.
- People rated care workers for being highly competent, trained and experienced. One person said, "Oh yeah, they're competent, they have training and refresher training."
- Staff had access to regular training. This included safeguarding, medicine management and infection control. Staff also completed the Care Certificate. The Care Certificate 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 had a yearly appraisal and supervision. This helped staff to reflect on their work, identify their professional and personal development needs and additional training. Staff and their manager contributed to their development plan and reviewed these to ensure any goals set were achieved.

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

- Each person had an assessment of their needs before they received a service. The outcome from the assessment ensured that staff had the skills to meet people's support needs.
- Staff understood their responsibilities to provide care and support that respected people's culture and religion in line with relevant equalities legislation. These needs were reflected in their individual care plans.
- People's care plans detailed their assessed support, and these were reviewed regularly to ensure their continued to meet people's needs.
- People were satisfied with the care workers that visited them. People said "[name] is a regular care worker, I find her/him very helpful and good, any concerns I have she/he will talk through with me" and "[care worker] comes seven days a week and she/he looks after [my relative] very well."

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

- People had their health care needs met by health care professionals.
- When people's care needs changed staff knew what action to take to report these to the office staff.
- Staff took action to contact people's GP for advice when their healthcare needs changed and deteriorated.

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

- Records showed that staff raised concerns about people's health care needs with health care professionals. For example, when a person's ability to walk had changed staff contacted the occupational

therapy team for an assessment of their needs.

- Staff worked with other agencies such as district nurse, and other health and social care services to improve or maintain people's health and well-being.

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

- Not all people using the service required their meals prepared for them.
- People that did need staff support to prepare meals for them had their nutritional needs met. For example, records showed that a person required their meal prepared in a specific way to reduce the risk of choking. Staff ensured all food was soft and fork mashable and ensured they had sips of their drink whilst being supervised.
- People and relatives commented "Yes. They come morning, lunchtime and do me an evening meal", "I'm happy with the food preparation; they don't have time to cook so I have things heated up in the microwave" and "Good and helpful at mealtimes."

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

- Staff completed training in the MCA. The training enabled staff to have an understanding of their roles and responsibilities of the act.
- Staff knew how to care for people in an effective way while protecting their rights and supporting them to make their own decisions wherever possible.
- Staff assessed people's mental capacity if they were concerned about whether they were able to make particular decisions.
- Specialist mental capacity assessments were completed by health and social care professionals. This ensured people's needs were identified and their rights protected.

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; respecting equality and diversity

- People said staff were caring and respectful to them and their relatives. Comments received included "The carers are respectful and won't insist on things" and "(Name) is respectful."
- Staff treated people in a way that protected and respected their human rights. Staff we spoke with understood people's individual needs. For example, staff supported people to practice their spiritual needs by being flexible in the visit times, so they arrived at church on time. One person said, "We are Pentecostal and [my family member] enjoys watching the preaching and the singing. The two regular carers respect this and they know he/she likes it."
- Care records contained detailed of people's cultural needs and contained information about their histories. One person had requested a care worker who they shared the same cultural background. This was because they preferred to eat meals from their heritage. Staff acknowledged and met this request.

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

- People informed staff of the decisions they made to their care and support needs.
- Records showed that people were able to decide the gender of the care worker that visited them to provide care. One relative said "[My relative] doesn't like male carers, this is respected, so we don't have any." This preference was recorded in the person's care records and staff ensured this part of their care was provided.
- People said that their regular care workers understood their likes and dislikes and how they wanted their care. Comments included "Everyday [care workers] come three times a day and they fit in with me" and "I have only ever had two carers, so they know everything by heart."

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

- People said all staff were respectful to them. Comments included "The carers are respectful" and "[The care worker] respects my dignity and she/he is kind and reliable."
- Staff ensured people received intimate care and support in privacy whilst protecting their dignity. One person said "I will give you privacy while you shower and will wait outside" another comment was that staff were "very caring and kind. They cover me up in the shower; they're very nice to me" and "I have the same person and he/she is very kind and caring and polite."

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.

- Everyone who received a service had an assessment of their health and care needs.
- Assessments were person centred and captured people's medical conditions, mental health needs, walking ability and equipment they used.
- People provided staff with information about their lives. This included their previous employment, their family structures and activities they enjoyed doing.
- People's information gathered from their assessments was used to develop a plan of care.
- Care plans provided staff with sufficient information to enable them to provide appropriate care to meet people's individual care needs.
- People's care and support was reviewed to ensure staff continued to meet people's assessed needs. Any changes in care need was updated in people's care records.
- People chose the activities they were interested in; including crosswords, reading, visiting friends and going out into their local community. People were able to manage this part of their lives with some staff support.

Improving care quality in response to complaints or concerns.

- There was a complaints policy and process in place. During the assessment process people or their relatives were provided with details on how to make a complaint about the service.
- Records showed that complaints received were managed effectively. The registered manager described how they had managed complaints. For example, one person using the service complained of the lateness of a care worker. Records showed that the registered manager had investigated the complaint and responded formally to the complainant.
- People and relatives said they were confident to make a complaint about the service if they were unhappy with the quality of care they had received. Comments included "Yes I have no problem" "I would complain if something came up" and "Well I've not really had any complaints, but I would phone the office."
- We received a complaint about the quality of care when we telephoned people during this inspection. With permission of the person using the service we discussed these concerns with the registered manager. The registered manager provided us with information that they had acted on and resolved the complaints appropriately.

End of life care and support.

- Staff understood how to support people who had end of life care needs.
- Staff had completed training in end of life and palliative care. This helped staff to gain knowledge in providing care and support to people with life limiting illnesses.
- Care plans recorded arrangements for people when they reached the end of their life. For example, one

person wanted to remain at home and another person had arrangements for the end of their life managed by a relative who had legal responsibility through a Power of Attorney.

- Staff knew which health and social care professionals to contact to support people to have a comfortable 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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.;

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

- Regular checks were carried out at the service that monitored and reviewed the quality of care.
- Staff completed audits on care records, safeguarding allegations and medicines management to ensure these were accurate.
- The registered manager had an oversight of the service and developed a plan of action to manage any quality issues found.
- Staff enjoyed working with people at the service. Staff comments included "I really enjoy my job, I know I make a difference to people's lives in a good way" "The manager is really very helpful and listens to me which I what I want from a manger and she is very fair."
- The registered manager sent the Care Quality Commission (CQC) notifications of events that occurred at the service as required.

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

- People received a person-centred service that met their individual needs.
- Senior staff regularly checked the quality of care through spot checks. This ensured care workers met the providers standards of care.
- Staff said the registered manager and senior staff were approachable and offered solutions to issues or concerns relating to their work.
- People and staff had access to an out of hours on-call service. Senior members of staff were available for advice and support outside office hours.
- Policies and procedures provided staff with guidance on how to deliver care in an open and transparent way. This practice was in line with the duty of candour responsibilities including responding appropriately when things go wrong.

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

- People gave their views of the management of the service. People's comments included "Yes, it is very good", "They are very nice people and very helpful and I'm very satisfied", "Oh, I'd give them 10 out of 10!" and "I get those (surveys) in the post every 6 months."
- Staff contacted people on the telephone, completed home visits and spot checks. Staff contacted people

on a regular basis to ensure they were happy with the care and made adjustments to their support if needed.

- The registered manager provided support to staff in their jobs. There was regular communication with staff through staff meetings, email communications, text messages and a newsletter. This gave staff the opportunity to be updated on changes and developments within the service.

Continuous learning and improving care.

- The registered manager reviewed all incidents for recurring themes. Any themes found were captured and a plan of action was put in place to reduce the likelihood of the incident reoccurring.

- The registered manager reviewed staff performance. Any concerns were addressed, and staff were supported to improve. For example, following a medicines audit it was found that staff did not always complete the MAR as required. Staff were given additional medicines management training. The registered manager confirmed this improved staff performance in this area.

Working in partnership with others.

- The registered manager and staff worked in partnership with social and health care services.

- Regular meetings were held with health and social care professionals. This enabled staff to receive additional support and advice from social workers, nurses and occupational therapists. This helped people to received co-ordinated care and support.