

Mayfair Homecare Limited

Mayfair Homecare - Helmi House

Inspection report

Helmi 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?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Mayfair Homecare – Helmi House is an 'extra care' housing scheme that provides personal care and support to people living in their own flats in a single multi-occupancy building.

The purpose-built building comprises of 46 self-contained flats. Sanctuary Housing Association own the building and, as the property's landlord, are responsible for its maintenance.

At the time of our inspection, 35 people aged 55 and over were receiving personal care and support at the scheme. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We received mixed feedback about how staff provided care and support to people. There were instances when staff had not always delivered care in a manner that respected people's dignity. Comments included, "They look after me well. Sometimes they don't. It does happen"; "Some [carers] are very awkward. Makes us feel bad"; "Some carers are nice, some argue with [person] who then tells the carer to go"; "Three or four of them are really good at what they're doing. [Person] mainly likes these carers" and "Yes, it is well managed and organised" and "Sometimes I think none of them go home. Always happy and smiling."

People consented to the care provided to them. People had positive and meaningful relationships with staff. People were supported to maintain their independence as long as practicable and to make choices about their daily living.

People received care in a safe manner that reduced the risk of harm and abuse. Risks to people were identified and support plans put in place to guide staff on how to mitigate the issues identified. Staff were recruited safely to ensure their fitness to work with vulnerable people. People were supported to take their medicines.

Staff followed the provider's processes in line with best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

People were cared for by staff who were competent in their roles as they underwent induction, training and supervisions. People received their care from a sufficient and consistent team of staff.

Quality assurance systems were effectively used to make improvements when needed. Lessons were learnt when things went wrong. People who used the service, their relatives and staff felt the registered manager valued their views to develop the service. One person told us, "The manager is very nice, approachable and helpful." The provider worked closely with other agencies to plan and deliver care to people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection:

This extra care service was previously registered under Mayfair Homecare - Helmi House run by Sevacare (UK) Limited. The last rating for the location under the previous provider's registration was good (published 5 December 2018).

Why we inspected

This service was registered with us on 6 September 2019 and this is the first inspection.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

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?

Requires Improvement ●

The service was not always 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 - Helmi House

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of two inspectors and two Experts 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.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 19 April 2022 and ended on 22 April 2022.

We spoke with five people who used the service, 11 relatives and seven staff members including the registered manager.

We reviewed a range of records. This included six people's care records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and felt safe by the care provided. Comments included, "Yes I do feel safe"; "They look after me well" and "They're on time. They stay for the time they should and do everything they should."
- The majority of staff understood the provider's safeguarding policy which they followed to support people safely. However, some members of staff needed prompting about how they were to escalate concerns that were not acted on.
- Staff attended safeguarding adults training and knew how to identify and report abuse.
- Safeguarding concerns raised were investigated and addressed.

Assessing risk, safety monitoring and management

- People received care in a manner that protected them against the risk of avoidable harm. Comments included, "The carers know me and my needs well" and "I feel safe because they're here. They look after me well." Staff were aware of issues that were of potential risk to people using the service.
- Risk assessments were carried out in people's health and support plans put in place to enable staff provide care in a safe manner, for example manual handling and each person's ability to manage their medicines.

Staffing and recruitment

- People received the care they required from a sufficient number of staff. A regular team of staff provided care and staff absences were covered by a team from the provider's other extra care schemes. People and their relatives told us they were happy with staff's punctuality and attendance to their calls.
- Staff were recruited in a safe manner before they started providing care to people.

Using medicines safely

- People were supported to take and manage their medicines safely. Comments included, "[Staff] give [medication] to me when I'm having my dinner and make sure I take them. It is done well. They write it down" and "Staff do give me my medication. On time and done safely." Staff were trained to support people manage their medicines safely.
- Staff completed Medicine Administration Records (MARs). MARs we reviewed were filled out correctly and with no gaps. Audits were carried out to ensure people received their medicines as prescribed. Concerns were picked up and resolved in a timely manner.
- Staff had access to the provider's medicines policy and procedures for guidance.

Preventing and controlling infection

- People were cared for in a manner that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about IPC including COVID-19 and knew how to minimise the spread of infection. People told us and staff confirmed they used Personal Protective Equipment effectively, for example, they wore aprons and gloves when preparing food or carrying out personal care. Staff told us they washed their hands before and after providing personal care.
- The provider had policies on infection prevention and control and COVID-19 which were in line with national guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff followed the provider's policy and procedures on reporting and recording accidents and incidents. Accidents and incidents were reported, investigated and lessons shared with staff to minimise the risk of a recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The majority of people and their relatives told us staff delivered effective care because they had the knowledge and skills to undertake their roles. Comments included, "Yes, [staff] stay for the full time and do everything they should" and "Yes, good at their jobs. They are skilled and trained. I can't fault them." However other comments included, "Some [carers] are not good at their jobs. and "No they don't have the knowledge and skills to meet (relative's) needs. I don't think they understand the needs of people with dementia very much. I've had to tell them not to take it personally. Not enough training – possibly."
- Staff received induction, regular supervision and attended the provider's mandatory training and refresher courses. This enabled them to meet people's needs.
- Staff told us, and records confirmed they had received training in safeguarding people from abuse, Mental Capacity Act, infection control and manual handling.

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

- People's needs were assessed and met. Comments included, "They're attentive" and "They know my routine as well" and "The nice ones talk it through with (relative) about what to eat, dressing and medication."
- People and their relatives where appropriate were involved in the assessments to determine the support they needed. Regular reviews were carried out to update the support each person required. Care plans contained sufficient detail to enable staff to provide care to people in line with best practice.

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

- People were supported to eat and drink healthily. One person told us, "[Staff] cook for me. They are very good at that. They encourage juice and water. Enough to eat and drink." Staff had information about people's food preferences and the support they required to meet their nutrition and hydration needs. For example, a person with diabetes received the support they required to eat healthily and to follow guidance from the diabetes nurse.
- People received support with meal preparation as required such as warming food in the microwave or shopping.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the support they required to access healthcare services for their well-being. One person told us, "Yes, if I need a GP or other health professional advice, the staff help. They know if I don't feel well. GP talks to me on the phone." Staff arranged medical appointments, hospital visits and escorts when

appropriate which ensured people received the support they required. Staff kept people's relatives informed as they wished if they had concerns about their health and involved them in reviewing their needs.

- Records showed staff supported people to attend reviews to help them manage their health needs such as living with diabetes, dementia and mental health conditions.
- Staff followed guidance provided by healthcare professionals, for example by encouraging a person to eat healthily and to take their medicine to manage their diabetes.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were asked for their consent before staff provided care. One person told us, "[Carers] let me choose what I want to wear and what I want to eat." Staff received training in MCA and understood its principles by ensuring they supported people to make decisions about their care and promoting their rights.
- Staff had access to the provider's policy on MCA which they used as guidance to inform the way they cared for and supported people.
- Records contained information about what decisions people could make for themselves and where they may require more support. Staff were aware of the areas people required support such as making decisions about their personal care and meal preparation.
- The registered manager worked closely with other healthcare agencies to carry out mental capacity assessments and best interests' meetings which ensured people received appropriate support to make specific decisions about their care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We received mixed feedback about the manner staff related to people. Comments included, "I don't feel others are in the right industry. Some don't care" and "Some carers are quite argumentative when speaking with [person] which then upsets them." We received feedback that a minority of the staff did not undertake their tasks fully such as cleaning as required or encouraging person to eat and drink. "[Person], forgets to eat and drink water. I don't see a lot of encouragement from the carers" and "Cleaning is not always done to good standards."
- We received mixed feedback about whether staff were kind and caring. Comments included, "Some are kind and respectful. Some are not"; "I look forward to the nice ones" and "The good four listen. The others I've had confrontations with. The rest just want to come in and go out"; "Respect and kindness? Just the good ones"; "Oh yes, they are kind and caring. Yes, they are respectful" and "Managers are bubbly and friendly. Carers don't do it. Some don't want to be there."
- A regular team of staff provided care which enabled them to understand their needs and to develop positive relationships with them. One person told us, "It's the same group of staff. I've seen them before. Not one carer I haven't seen".

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

- People were supported in a manner that respected their privacy, for example people told us staff knocked on their doors before entering their flats. A member of staff told us, "I maintain confidentiality and don't discuss other clients with my clients."
- People received the support they required to enable them to maintain their independence as far as practicable. Care plans indicated what tasks people could undertake and where they needed supported. For example, some people could plan their meals but needed support with preparation of the food while others required support with having a shower and finishing off by dressing themselves.
- Staff followed the guidance which enabled people to maintain their existing skills and develop new ones with encouragement.
- Staff understood what mattered to people using the service and how they wished their care delivered.

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

- People told us they were given opportunities to make their views known about the support they wished to receive.
- People and their relatives where appropriate were involved in making decisions about their care and the support they required.

- Records showed staff provided support to people in line with their preferred routines and preferences and made any changes requested such as to facilitate a medical appointment or outing.
- Care plans contained information about people's life history, their preferences, routines, spiritual and cultural needs which enabled staff to provide the support people required.
- Staff delivered care in a manner that upheld people's equality and diversity and ensured their practices were inclusive and did not discriminate against any person using the service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question was rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. Comments included, "I was involved when the care plan was put in place when care was first needed. I discussed things with them and added my comments" and "Yes, I'm asked for my opinion and am involved in decisions about my care."
- Care plans were detailed with information about each person's individual care and support needs. Staff were able to describe people's preferences, preferred routines and how they wished their support to be delivered.
- People received regular reviews of their care and support needs. Staff were provided with up to date guidance that reflected changes in people's needs which enabled them to provide personalised care.
- Staff told us the registered manager communicated with them regularly about any changes to the person's needs and the support they required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a format appropriate to their communication needs. Assessments were carried out to understand people's communication needs. This enabled staff to communicate effectively with them.
- The provider understood their responsibility to ensure people had access to information about their care and support in accessible format in line with AIS. Records showed effective communication between people and staff as the information was presented in a format they understood.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People maintained relationships with those that mattered to them. Staff supported people to keep in touch with friends and family and to maintain social interaction within the community. This enabled people to reduce social isolation and lead fulfilling lives where their well-being needs were met. People who wished to engage in activities for stimulation were encouraged to do so and staff rotas adjusted to accommodate their needs.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint when care delivery did not meet their expectations. Comments included, "Yes, they do respond. If I've got anything to say I try to catch the more senior carer" and "Yes, I'm able to do it but no concerns or complaints yet."
- People were issued with the complaints procedure which detailed how to raise concerns about any aspect of their care and how the provider dealt with concerns. People felt confident to raise a complaint and said they would approach the registered manager to have their concerns investigated.
- The registered manager investigated and resolved complaints in line with the provider's policy and procedures.

End of life care and support

- People's end of lives wishes were discussed and recorded for each person if they chose to share their views.
- People were supported to receive appropriate care at the end of their lives because the registered manager worked closely with healthcare professionals such as GPs and the palliative teams consisting of district nurses and clinical nurse specialists when needed.
- No one was receiving end of life care at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefitted from a positive and person-centred culture practiced at the service. This ensured staff met people's needs and preferences. Comments included, "Yes, I know the manager. Approachable"; "Well managed"; "If they want to make improvements – start at the bottom."
- The registered manager knew the provider's vision which they shared with staff to ensure people received individualised care in a safe and respectful manner.
- Staff told us they enjoyed working at the service and felt supported in their roles. Comments included, "The Team leaders and managers are supportive. They answer any queries" and "We operate a scheme so there's always someone available to support with any day-to-day problems".
- Staff were kept informed about changes to people's needs and the support they required which they said ensured they delivered effective care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider understood their responsibility to be open and honest with people using the service when things went wrong. People told us they felt confident the registered manager would discuss any concerns they had and improve service delivery.
- Staff told us they reported concerns about their work without fear of any reprisals as the registered manager encouraged them to be open and honest. This enabled the registered manager to review their practices and to ensure staff learnt lessons from incidents happening at the service.

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

- The provider notified the Care Quality Commission (CQC) and the local authority safeguarding teams of significant events in line with their legal responsibilities.
- The registered manager used the provider's systems to assess and monitor the quality of the service. This included regular audits on various aspects of the service such as care planning, risk management, staff training and supervisions, medicines management, customer satisfaction and record keeping. Improvements were made when needed.

- Staff received regular feedback about events at the service and any changes required to their ways of working which enabled them to deliver good standards of care.
- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.

- Staff were aware of their roles and responsibilities. They told us that they received support by means of supervisions every three months. Comments included, "Yes they check every three months how we are doing and observe in the clients house" and "Spot checks are every three months."

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

- The majority of people and their relatives were complimentary of how the service was managed and the care provided. Comments included, "[Managers] are approachable and act on my suggestions" and "[Service] is well managed and organised" and "I have completed questionnaires asking for my opinion about the care. Change was not necessary. My responses were positive"
- The provider undertook surveys, questionnaires, reviews in person or by telephone, audited care plans and records to ensure people received the standard of care they expected.
- Records showed people and their relatives were given the opportunity to share their views about the quality of the service provided. The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.

Continuous learning and improving care

- People benefitted from improved care delivery because the provider and registered manager supported continuous learning and improvement. For example, staff comments included, "Staff meetings are every last Friday of the month. We talk about policies, how to improve care, respect and dignity and any medication updates" and "We hold meetings monthly and update staff to any changes related to policies, COVID, medication."
- Improvements were made when needed to the care and support people received.

Working in partnership with others

- The provider worked effectively in partnership with other agencies including the local authority and health and social care professionals to drive improvements.
- People were supported to access the local community and services such as GPs and pharmacies which ensured they received support appropriate for their health and well-being.