

Mayfair Homecare Limited

# Mayfair Homecare - Newbury

## Inspection report

Unit 8  
Kingfisher Court  
Newbury  
RG14 5SJ

Tel: 0163536810  
Website: [www.mayfair-homecare.co.uk](http://www.mayfair-homecare.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Mayfair Homecare - Newbury is a domiciliary care agency providing care and support to people living in their own homes. It provides a service to older adults, people living with dementia and people living with physical disabilities, sensory impairment, learning disabilities and autism. Not everyone who uses the service receives personal care. The Care Quality Commission (CQC) only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 18 people living in the Newbury, Thatcham, Reading and surrounding areas. At the time of inspection, the service was in the process of terminating their care provision in the Reading area.

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

The registered manager was working with local authority commissioning to ensure people received care at their preferred times to support risk management. People receiving care in the Reading area consistently praised the quality of care they received and voiced their disappointment about the discontinuance of the provider's service in this area. Other people and staff told us they felt well supported by the registered manager, who had developed an effective management team that worked well together. The management team effectively operated systems to review the quality and safety of the service. The registered manager encouraged critical feedback from people and staff to drive continuous improvement in the service. Staff had developed positive relationships, effective communication and information sharing with community health care professionals, which ensured people's changing needs were met with the appropriate care and treatment.

People were supported by staff who understood how to safeguard them from abuse, neglect and discrimination. Enough staff with the right mix of skills and experience were deployed to deliver care and support which met people's needs. Staff had effectively assessed risks to people's health and well-being, which enabled staff to manage them safely. People experienced good continuity and consistency of care from regular staff who knew them well and how they wished their care to be delivered. Robust recruitment checks ensured prospective staff were suitable to provide support for people in their own homes. People received their prescribed medicines from staff who had their competence to manage medicines safely regularly assessed. Staff had raised concerns and reported incidents, which ensured action was taken to protect people. We were assured that staff followed safe infection control and food hygiene practices.

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](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 January 2020).

#### Why we inspected

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Mayfair Homecare - Newbury

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

#### 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2022 and ended on 31 May 2022. We visited the location's office on 19

May 2022.

#### What we did before the inspection

We used information gathered as part of monitoring activity that took place on 8 March 2022 to help plan the inspection and inform our judgements. 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 reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We also reviewed the provider's social media sites to confirm they had published our last inspection ratings. We used all this information to plan our inspection.

#### During the inspection

We tried to contact 22 people who use the service or their representatives and spoke with seven people and five relatives about their experience of the care provided. We spoke with the registered manager, the regional manager, the care coordinator, the team leader and a member of care staff. After the site visit, we continued to seek clarification from the provider to validate evidence found. We spoke with six other staff members and reviewed a range of records, including four people's care records, medication records and daily notes. We looked at six staff files in relation to recruitment and six staff supervision records. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating had remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and community professionals consistently told us people experienced safe care and treatment from staff they trusted. For example, one person told us, "I always feel safe. They [staff] always explain what they're doing and do it courteously."
- Health and social care professionals told us the service was responsive to people's changing needs, ensuring people were safe.
- The provider had established systems to protect people from the risk of poor care, which staff operated effectively. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and understood how to report any concerns.
- Staff consistently told us they would whistle blow to the local authority safeguarding team or the CQC if they felt the provider had not acted upon their concerns. For example, one staff member told us, "I would tell the manager, since [registered manager] came in you can report things and know something will be done." Another staff member told us, "Whenever we're [staff] worried, the office always listen and support us whenever we report things" and "I tell the [the office team] about any concerns and they let you [CQC] and the social services."

Assessing risk, safety monitoring and management

- The service had clear processes to assess and manage risks to people to ensure they were met safely. Risk assessments were reviewed regularly in line with the provider's policy and whenever people's needs changed.
- People experienced safe care from staff who were aware of people's individual risks. The management team effectively assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and pressure area breakdown.
- The service had sought timely advice from external healthcare professionals to identify required action for staff to take to support people safely and reduce their risk of harm.
- Care records informed staff how to support people, promoting their independence, by managing identified risks safely.
- Environmental risk assessments of people's homes contained required information in relation to foreseeable emergencies relating to fires, floods and loss of utilities.

Staffing and recruitment

- People and relatives told us they experienced good continuity and consistency of care from regular staff, who knew their needs and how they wished to be supported. People said they received timely care from

staff of their preferred gender who remained for the fully allocated time of their visit.

- The management team provided resilience by delivering hands-on care, whenever there was unforeseen staff absence, to ensure people were safe and received their care.
- The registered manager was working with local authority commissioning to ensure people received care at their preferred times to support risk management. People receiving care in the Reading area consistently praised quality of care they received and voiced their disappointment about the discontinuance of the provider's service in this area.
- The management team operated the service electronic allocation system to ensure all commissioned care was allocated and completed. The management team constantly monitored this system during the day, which identified when visits had not been completed. When alerted that a call had not been completed the management team contacted the relevant staff to ensure they were safe and ascertain the reason for the delay. The office team would then contact people to reassure them and explain the delay. If any delays created a risk for people, for example, the administration of time critical medicines, then office staff covered the visits.
- The provider's pre-employment checks ensured staff were suitable and had the necessary skills and character to support people living in their own homes. For example, checks explored prospective staff's conduct in previous care roles, their right to work in the UK, employment references and information from the Disclosure and Barring Service (DBS) check. The DBS provide information, including details about convictions and cautions held on the Police National Computer. This information helps employers make safer decisions to prevent unsuitable staff from working with vulnerable people.

#### Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and been assessed competent to do so.
- Staff followed the provider's policy and procedures to manage people's medicines. The management team completed regular observations to ensure staff administered medicines in practice, in accordance with their training, current guidance and regulations,
- The management team completed regular audits to ensure staff administered medicines in line with people's medicine support plans and clearly identified any issues or actions to be taken. Staff understood the action to take if a medicine error occurred, to ensure any potential harm to a person and any future recurrence was minimised.

#### Preventing and controlling infection

- Staff effectively followed the provider's infection control policy and procedures. People were reassured by staff who used personal protective equipment in line with government guidance.
- The provider had regularly updated their policy and procedures in accordance with government guidance during the pandemic and had created a COVID-19 contingency plan.
- Staff had access to personal protective equipment (PPE), including aprons, masks and gloves to help reduce cross infection risks.
- Staff had completed training in relation to safe food preparation and hygiene practices.
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support. Relatives told us that staff followed correct procedures whenever food was prepared.

#### Learning lessons when things go wrong

- The management team ensured that staff took the required action to keep people safe, by reducing the risk of further incidents.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the



management team analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff. For example, when a near miss had occurred relating to the support of a person who had an allergy, staff received additional training and care plans were reviewed, to reduce the risk of another incident. Serious risks to people now were clearly highlighted on the front of care plan folders and within people's one-page profiles.

- People's risk assessments and care plans had been reviewed and updated as required, in relation to accidents and incidents. For example, if people were identified to be at increased risk of falling or developing pressure areas. Appropriate referrals had been made to healthcare professionals in relation to reported incidents and where necessary additional supportive equipment had been arranged.

# 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.

At our last inspection we rated this key question good. At this inspection the rating had remained good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most people and staff told us they felt well supported by the management team. However, people and staff based in the Reading area were disappointed with the decision to terminate care provision in this area and the way this process was managed. However, people receiving care in the Reading area praised the quality of the care they received from staff with whom they had developed strong bonds. One relative told us, "Don't get me wrong. The carers [staff] have been excellent."
- Staff told us the registered manager valued their opinions, which they were encouraged to share during team meetings, supervisions and at any time they needed to talk.
- Staff were engaged and involved in developing support plans and ideas for the service. Staff shared ideas which worked in supporting people and these were reflected in support plans.
- Staff were inspired by the registered manager, who delivered care to people regularly, which enabled them to spend meaningful time with people and complete staff competency assessments.
- Staff undertook quarterly reviews of people's care with them, their relatives and advocates where appropriate, to gain their views of the care and make any required changes. People and relatives had been sent questionnaires to get feedback on their experience. The service responded to feedback, which was mainly positive.

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

- Most people experienced good care from a stable staff team who were committed to delivering personalised care tailored to meet their individual needs. For example, one person told us, "It's [the service] well managed. There's nothing I would change. I'm very happy with the service I receive. I live on my own and I look forward to seeing them [staff]."
- The registered manager and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised.
- Staff were passionate about working at the service and delivering the best possible care to enrich the quality of people's lives. For example, one staff member said, "I really enjoy working here and always do my best to support [people] as if they were my own family."
- Staff consistently reported an improvement in staff morale since the appointment of the registered manager and office team. Staff told us they felt well supported and respected by the registered manager and management team, who valued their opinions and experience. Staff told us they now felt able to raise

any concerns and were confident the management team would take action.

- Professionals provided positive feedback regarding the registered manager's determination to deliver safe and quality care to people.

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's policy clearly identified the actions the registered manager and staff should take, in situations where the duty of candour applied.
- The registered manager and staff were aware of their responsibilities and understood the importance of transparency when something had gone wrong.
- When mistakes had been made, records confirmed that the registered manager had complied with their legal responsibility. For example, the registered manager had informed people, apologised for the mistake and told them about action they were going to take to prevent it happening again.

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

- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. We reviewed documents, which demonstrated the registered person had effectively reported incidents to the local authority to ensure individuals were safeguarded.
- The registered manager mostly submitted notifications in a timely manner, which meant that the CQC could check that appropriate action had been taken in relation to incidents and accidents. During a period of absence by the registered manager the submission of one notification had been delayed. The regional manager accepted responsibility for this delay and has taken action to prevent a future recurrence. This included enhanced training for office staff in relation to the reporting of incidents to external bodies and implementing daily reporting to the regional manager, in the absence of the registered manager.
- The registered manager operated a system monitoring and assessing the quality of the service. This included regular audits, spot checks, care call monitoring, care reviews and supervisions.
- The registered manager and staff team understood their responsibilities for ensuring that risks were promptly identified and mitigated. Risks to people's health, safety and well-being were effectively managed through the review and monitoring of the service.
- Designated staff completed regular audits and reviews of care records and medicine administration records, to identify and address any areas for improvement. The registered manager spoke with staff daily, where significant events were discussed to identify required improvement and ensure any required action was taken.
- There was a clear structure of regular reviews to support and improve staff performance and the quality of service delivery, including annual appraisals, regular supervisions and spot-checks of care.
- The registered manager had an emergency plan in place for major incidents or adverse weather. During adverse weather the registered manager ensured the service continued to provide support to people, assessing their risks and ensuring the most vulnerable were kept safe.

Continuous learning and improving care

- The service had a clear plan of continuous improvement and innovation and staff were encouraged and supported to be involved in implementing positive change.
- The registered manager and staff engaged with external agencies to learn and share knowledge, which promoted the development of the service.
- Community professionals told us the registered person was open and receptive to their guidance and welcomed constructive advice.
- The registered manager had developed good relationships between people, family members and staff

and actively encouraged critical feedback from people to help improve the service.

- The provider had robust arrangements in place for reviewing the quality and safety of the service. The registered person used feedback from people and their families to identify necessary learning and areas for improvement.
- The provider shared good practice with the staff team including the latest government guidance around COVID-19.

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies including occupational therapists, hospital discharge teams, social workers and other care providers. This helped to ensure people received high quality, well-coordinated and consistent care.
- Guidance and involvement from professionals were promptly sought and systems were in place to check that these were effective in achieving successful outcomes to improve people's lives.