

Mayfair Homecare Limited

Mayfair Homecare - Trellis House

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 - Trellis House is a supported living scheme that provides personal care and support to people living in their own flats in a double storey multi-occupancy building.

The purpose-built building comprises of 42 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, 30 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

People told us they were happy with the service. Comments included, "I feel 'at home' with the carers;" "I feel very safe and know they look after me" and "I think the security here is very good. I feel very safe here" People's needs were met. Staff understood safeguarding of vulnerable people and knew how to identify and report abuse.

Risks to people's health and well-being were assessed and managed. Staff had information about risks to people and followed guidance on how to support them safely. Safe recruitment checks were undertaken to ensure suitable staff were employed to provide care to people using the service. People were supported to take and manage their medicines. Staff followed infection control guidance when providing care to reduce the risk of infection.

People received appropriate support for their nutrition and hydration needs. Staff received induction, training, supervision to enable them to undertake their roles effectively. People were involved in making decisions about their care and support needs.

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.

People told us staff were compassionate and treated them with respect. Comments included, "Carers are very kind and caring" and "[Staff] and are very respectful." People received support from a consistent team of staff who knew them well. Staff were respectful of people's privacy and dignity.

People received care in the manner they preferred, and their choices were respected. People were supported to remain independent where they were able to be. People and their relatives knew how to make a complaint if they were unhappy with any aspect of the service.

People using the service and their relatives were complimentary about the management of the service. People were given opportunities to feedback about the service. Quality assurance systems in place were used to drive improvements when needed.

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

Rating at last inspection:

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

This supported living service was previously registered under Sanctuary Housing, a provider who is no longer registered with the Commission. The last rating for the location under the previous provider's registration was requires improvement (published 28 January 2016).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 video 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?

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 well-Led findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Mayfair Homecare - Trellis 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 one inspector and an 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.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. 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 24 January 2022 and ended on 2 February 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 19 November 2021 to help plan the inspection and inform our judgements. We also reviewed the intelligence we held about the service such as statutory notifications and information received from people. 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 video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

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

We reviewed a range of records. This included seven 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. People and their relatives told us, "I am happy and am not worried at all about the care I get" and "I know [person] is very safe in the care of this company" and
- Staff told us they had access to a safeguarding policy which provided them with guidance on how to protect people from the risk of abuse and neglect.
- Staff attended safeguarding adults training and an annual refresher course. They knew of the types of abuse that could occur and how to raise any concerns of abuse to various agencies including CQC and the local authority.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and managed. This ensured people were protected against the risk of avoidable harm.
- Staff knew of potential risks to people such as falls, dehydration, self-neglect and developing pressure sores. Staff told us and records confirmed care plans provided guidance which enabled them to provide care safely.
- Risk assessments were undertaken on areas including medicines, manual handling and people's home environment and reviewed and updated when needed.

Staffing and recruitment

- People received care from a sufficient number of staff deployed at the service. Comments included, "The carers always spend the right amount of time with me and do a good job" and "Carers always stay as long as they need to."
- Staff told us they were allocated sufficient time to provide care and did not feel rushed.
- People were supported by staff who underwent safe recruitment practices, including pre-employment checks before they started working at the service.

Preventing and controlling infection

- People received care in a way that minimised the risk of infection. One person told us, "The carers always arrive with a face mask on and put on a clean apron and gloves when they are here."
- Staff told us they had access to personal protective equipment (PPE) when supporting people. They showed a good understanding of their IPC roles and responsibilities.
- The provider had policies on infection prevention and control and COVID-19 which were in line with national guidance.
- We were assured the provider was following current infection prevention and control (IPC) procedures,

including those associated with COVID-19.

Learning lessons when things go wrong

- People received safe care because the provider ensured lessons were learnt when things went wrong. For example, one person had a fall and staff took action to ensure the person's environment was free of clutter and they had easy access to their mobility aids.
- Staff reported and recorded accidents and incidents and improvements made to minimise the risk of repeat occurrences.

Using medicines safely

- People were supported to manage their medicines safely. Comments included, "Carers usually put my tablets in a little pot for me and watch me take it" and "[Carers] give [person] her medication every day. They're very good with it."
- People's care plans included information about their prescribed medicines and how they needed and preferred them to be administered. Staff followed the provider's guidance on the safe management of medicines.
- Staff received training to manage people's medicines and had their competency assessed.
- Audits were undertaken to ensure people received their medicines as required.
- The provider reviewed their medicines policy and procedures when needed.

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.

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

- People's needs were assessed before they started using the service to ensure they could be met. Where appropriate people and their relatives were involved in the assessments.
- People told us they received care when needed. Care plans showed the support people required and their preferred times for visits which were reviewed and updated when needed.
- Staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received care appropriate to their needs because staff were supported to undertake their roles. One person told us, "Carers really do know what they are doing."
- Staff received support through an induction, training and supervisions which 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, first aid, infection control and manual handling.

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

- People were supported to prepare their meals where appropriate, and to eat and drink sufficient amounts for their health and wellbeing. Comments included, "Carers prepare all of [person's] food and do all her shopping" and "Carers do all my cooking for me."
- People told us staff encouraged them to include fresh food, vegetables and fruit in their diets.
- Care records indicated people's preferences for food and drink and the support they required with eating and drinking.

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

- People received support to access healthcare services when needed. Where appropriate, staff supported people and their relatives to book and attend health care appointments.
- Care plans outlined the guidance recommended by healthcare professionals. Records showed staff followed the guidance, for example by ensuring a person had a pressure mattress and turned regularly as they stayed long periods in bed.

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 told us staff sought their consent before supporting them. Staff worked within the principles of MCA and supported people to make decisions about their care and support needs.
- Staff had attended training to ensure they understood how to provide care in a way that promoted people's rights.
- Care plans detailed what decisions people could make for themselves and where they may require more support, for example to make decisions about managing their finances, medicines and personal 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 good. This meant 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 kind and caring towards them. They told us, "Carers are very kind and caring and we get along very well" and "[Carers] are very respectful."
- Staff had developed caring relationships with the people they supported. They had information about people's life history and knew their cultural and diverse needs. People told us staff did not discriminate against them and provided care in a caring way.

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

- People were supported to make their views known about the support they required and decisions about their care.
- Records showed staff involved people in planning and developing their care and support plan.
- Staff provided care and support to people as planned in line with their preferences and flexibly for example, about their daily routine when they had a hospital appointment.

Respecting and promoting people's privacy, dignity and independence

- People received care in a manner that respected their privacy and dignity. Staff told us, "I knock on the person's bedroom or bathroom door and wait to be invited in" and "I close doors and close curtains when providing personal care."
- Staff supported people to remain as independent as possible by encouraging them to do things they could do for themselves in a manner that promoted developing or maintaining existing skills. Care plans had information about what people were able to do independently such as managing their medicines and preparing meals.
- Staff knew their responsibility to maintain confidentiality about the people they supported and told us shared information on a need to know basis.

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 has been 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 care that met their individual needs and preferences. People and their relatives were happy with the care provided by staff. Comments included, "flexible" and "tailored".
- Staff had nurtured positive relationship with people and knew how to support them.
- Care plans detailed people's needs, health conditions and the level of support they required and kept under regular review and updated to ensure staff met people's needs.

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's communication needs were assessed and met. Staff had information on how to communicate effectively with people. People were provided with information about their care in a manner they understood.
- People told us staff communicated with them well and knew how they wished their care to be provided.
- The provider understood their responsibility to provide people with information in a format they understood such as large print when needed in line with AIS.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. One person told us, "I feel very comfortable raising concerns, but I have never needed to make a complaint."
- People and their relatives had access to the provider's complaints policy and procedure which included guidance on how to make a complaint and what they could expect in response. They told us if they were unhappy on any aspect of their care, they would report to the registered manager.
- The registered manager understood their responsibility to investigate and address people's concerns.
- The provider maintained a record of complaints received at the service and a monitoring system to check on progress of investigations.

End of life care and support

- People were involved in discussing their end of their life wishes. At the time of this inspection, there was no one receiving at end of life care and support.

- The registered manager understood their responsibility to ensure people received appropriate care at the end of their lives. They worked closely with other health and social care professionals such as GPs, district nurses and the palliative care team when needed.

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;

- The registered manager and provider provided person-centred care which was inclusive to ensure people's needs and preferences were met.
- People and their relatives were complimentary about the management of the care provided. Comments included, "I know who the [registered] manager is, [they are] very professional and pleasant" and "I think the organisation is really well managed."
- Staff understood the provider's ethos who shared a clear set of values which included communicating effectively, privacy and dignity and promoting choice and independence. People and relatives told us staff upheld these values when supporting them.
- Staff were happy with the support they received in their roles. Staff felt able to approach the registered manager with any concerns and said they were listened to.

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;

- People said the registered manager showed a willingness to discuss any issues that affected care delivery.
- The provider and registered manager understood their responsibilities under the duty of candour.
- Staff told us the registered manager encouraged them to be open and honest when they did not provide care to the standard people and their relatives expected.

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

- The registered manager understood their responsibility to meet regulations and other statutory requirements. Notifications were made when required to CQC and the local authority safeguarding teams of significant events in line with their legal responsibilities.
- Systems in place were used effectively to assess and monitor the quality of the service. The provider undertook regular audits on the quality of care provided on various aspects such as care planning, medicines management, record keeping and staff training and made improvements when needed.
- Policies and procedures were reviewed and updated when required. For example, in response to the COVID-19 pandemic to ensure staff had sufficient guidance to meet regulatory functions.
- The registered manager had staff meetings where they discussed the teams' roles in relation to meeting people's needs, managing risks, policies and procedures, medicines management, record keeping,

supervisions and training.

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

- People who used the service and their relatives were involved in how the service was run. One person commented, "The character and culture of the care team is excellent." A relative told us, "The level of interaction between [person] and the staff has increased his sense of well-being."
- The provider sought people's views on the care and supported they received through questionnaires, consultations and contact via the registered manager and staff. One person told us, "I have filled in questionnaires here before and the [registered] manager responds to issues raised".
- People and their relatives were provided with opportunities to provide feedback about the support they received and the management of the service through regular telephone calls, reviews, visits and communication with the registered manager and their daily interaction with staff.
- The registered manager had regular catch up calls with staff on issues affecting the service and the care they provided to people using the service.

Continuous learning and improving care.

- Staff felt at ease to approach the management team and be open about incidents to help the provider take action to improve their practice and to ensure continuous learning took place.
- Staff told us they handovers and team meetings as learning opportunities to prevent problems before they arose and felt happy their views were valued and considered.
- Incidents and accidents were reported and recorded. The registered manager discussed the incidents with staff which ensured continuous learning took place.

Working in partnership with others

- The service worked in partnership with health and social care professionals including GPs, pharmacists, occupational therapists and social workers to plan and deliver an effective service.
- The registered manager referred people to other organisations where they could get additional support for their health and wellbeing when needed.