Sevacare (UK) Limited

Mayfair Homecare - Clarence Avenue

Inspection report

44-48 Clarence Avenue
London
SW4 8DJ

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Date of inspection visit:
05 October 2018
10 October 2018

Date of publication:
16 November 2018

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

This was an announced inspection that took place on 5 and 10 October 2018.

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. The agency is registered to provide domiciliary care to older people, people with dementia, mental health, a physical disability and sensory impairment. It is located in the Clapham area of London. There were 32 people receiving a service at the time of the inspection.

This was the first inspection since the service was registered.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were satisfied with the service they received and the way that staff provided care and support.

The records were up to date and clearly recorded the choices people made, if they were met and the care and support people received. Staff were supported to perform their duties by records that were fully completed and regularly reviewed.

Staff were aware of their responsibilities towards the people they supported, the tasks they performed and knew how people liked to be supported. Staff were equipped with appropriate skills and provided care and support in a professional, kind and compassionate way.

Staff were aware that they must treat people with respect, equally and observe their diversity and human rights. People and their relatives felt fairly treated by staff.

Staff received appropriate training. They made themselves accessible to people and encouraged feedback from them. Staff said the organisation was a good place to work, they enjoyed their work and had access to good training and support.

The registered manager and staff encouraged people and their relatives to discuss health and other needs and agreed information was passed on to community based health professionals, as required.

Staff protected people from nutrition and hydration associated risks by giving them advice about healthy food options whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The agency consistently monitored and assessed the quality of the service provided.

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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good

The service was effective.

People received care and support from well-trained and qualified staff.

People's care plans monitored food and fluid intake and they were encouraged to eat healthily.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

The agency worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

Is the service caring?

Good

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when

supporting people.

Is the service responsive?

Good

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the agency, which had clear person-centred values that staff applied to their work.

The registered manager and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Mayfair Homecare - Clarence Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection and took place on 5 and 10 October 2018. The provider was given 48 hours' notice of the inspection because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at home and information we held on our database about the service and provider. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

The inspection was carried out by one inspector.

There were 32 people receiving a service and 24 staff. During the inspection, we spoke with ten people and their relatives' and six staff. We also spoke with the registered manager and care services manager during our visit.

We looked at four people's care plans and three staff files. We also checked records, policies and procedures and quality assurance systems.

Good

Is the service safe?

Our findings

People said and the call records confirmed that the agency provided enough staff to meet people's needs. One person told us, "No problems here, I feel quite safe. I can leave my door open or lock it as I wish." Another person said, "Of course I feel safe."

The registered manager and office team were aware of how to raise a safeguarding alert, when required. Prior to the inspection, safeguarding alerts had been appropriately reported, investigated and recorded. There were no current safeguarding concerns. Staff were given safeguarding training and knew the action to take should they encounter abuse. The agency provided them with policies and procedures to follow to protect people. There was also a lone working policy.

Before care and support began, the agency carried out risk assessments that people and their relatives contributed to. All areas of the service provided were included in the risk assessments, which identified specific risks to people, action to take and a management of risk plan. This included situations where people may display behaviour that others could interpret as challenging and could put themselves and staff at risk. The agency monitored, reviewed and refreshed risk assessments as people's needs changed. Staff said when they identified risks to people, they shared information with the office and other members of the team. Staff were familiar with the people they provided a service for, could identify situations where people may be at risk and act to minimise the risk. The agency kept records of accidents and incidents. Staff received infection control, food hygiene and challenging behaviour training that people said staff followed, during their visits.

Staff recruitment procedure included completing an application form, job description, person specification and short-listing of prospective staff for interview. The interview contained scenario based questions to identify people's skills, experience and opinions of how appropriate domiciliary care should be delivered. References were taken up, right to work checked and work history and disclosure and barring (DBS) security checks carried out before people were employed. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was a 12-week probationary period. Each stage of the process was recorded. New staff were also given the opportunity to shadow more experienced staff over a three to five-day period with a mix of single and double up calls. This enhanced their knowledge of good working practices and the people they were providing a service for.

The agency kept accident and incident records and there was a whistle-blowing procedure that staff said they would use, if necessary. Accidents and incidents were discussed and learned from by the staff team, at shift handover and revisited during staff meetings. This was demonstrated by the in depth knowledge of people that staff displayed. The agency had disciplinary procedures that were followed as required.

Staff were trained to safely administer medicine and prompt people to take medicine. They had access to regularly updated guidance. The agency checked and monitored people's medicine and records.

Good

Is the service effective?

Our findings

People were enabled by the agency and its staff to make decisions about when and how care and support was provided. People told us that staff understood their needs and met them in a supportive and patient way. This was regularly monitored, with spot checks, to make sure that the care and support met people's needs as part of the agency quality assurance system. One person told us, "I give the [registered] manager 'a thumbs up' and all the other staff are up there with her." Another person said, "Nice place with really good staff."

Staff were provided with induction and mandatory annual training. This was based on the 'Care Certificate Common Standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. The training included moving and handling, principles of person-centred care, role of the home carer, emergency first aid for care workers and fire safety. Regarding the moving and handling training, one member of staff said, "It's great, we lie on a bed and learn what it is like to receive this type of support." Person and service specific training was provided in catheter, epilepsy, pressure ulcer prevention and dementia care. New staff did not work alone until they were confident and comfortable in doing so. Random spot checks were conducted by the registered manager to monitor progress of new staff.

Staff were given a handbook and signed a document to confirm they had read it. Staff meetings, quarterly supervision and annual appraisals gave staff opportunities for to identify training needs as a group and individually. This was enhanced by informal day-to-day supervision and contact with the office and registered manager.

People had care plans that contained health, nutrition and diet requirements and staff monitored people's food and drink intake, if it was required. Staff advised and helped people to make healthy meal choices whilst recognising their right to choose what they wanted to eat. Staff said any concerns were raised and discussed with the office, person, their relatives, GP and community based dietitians. Records demonstrated that referrals were made to relevant community health services and they were regularly liaised with. These included local authority commissioners, hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the MCA, 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of

Protection or Office of the Public Guardian.

In order to encourage cross agency working, the organisation made itself aware of other services the person received, who provided them and liaised with those services to co-ordinate a joined-up service for people. The agency worked closely with the maintenance team responsible for the upkeep of the building and people's flats as well as visiting district nurses, physiotherapists and general practitioners.

Good

Is the service caring?

Our findings

People said that staff treated them with dignity and respect, they listened to people and their opinions were valued. Staff managed this due to their familiarity with people and the training they had received, that enabled them to effectively provide care and support in an empathetic and appropriate way. The service was delivered in a friendly, kind and professional manner. People's descriptions of care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People liked that the agency tried to provide consistent care from staff who understood their needs and wishes, whenever they could. This person-centred approach was delivered by staff arriving on time, carrying out required tasks and staying the agreed time. Staff understood the importance of the role they played in establishing relationships with people and supporting them to have a good quality of life. This was of great importance to some people whose visits, from staff maybe a large part of or the only point of contact people received. One person told us, "Staff are really good. I wouldn't have their job for all the tea in China." Another person said, "Wonderful nurses [staff]." A further person commented, "Staff are very good, I have four carers every day and they are always friendly. We have a laugh and I tell them about my days when I was young."

Staff received training in equality, diversity, inclusion and human rights that enabled them to treat people fairly and recognise and respect people's differences. People confirmed that staff followed this training whilst performing their duties. The agency had an equality and diversity policy that staff were aware of and understood. A staff member said, "It's so important to sit and listen to people and what they want."

The registered manager and staff were knowledgeable about the people they supported. They gave us information about people's needs, interests and preferences that showed they knew people well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training.

Good

Is the service responsive?

Our findings

People were asked for their views and the agency fully consulted with them and involved people in the decision-making process before a service was provided. The care staff provided was personalised to people's needs and if problems arose regarding staff or the timing of the support provided, it was quickly resolved by the agency. Staff were aware of the importance of listening to and understanding people's opinions so that the support they provided was focused on people's individual needs. One person said, "They always come if I need them, I just pull the alarm." Another person told us, "Lovely from the beginning. Very accommodating, they [registered manager] visited me in hospital and helped me through the whole process. I couldn't ask for more." The person was referring to assessment and moving in process. A further person said, "Staff do what I want them to. They can't do much more than what they are doing."

Service information was provided to people that was easy to understand and helped them to decide if they wanted to use the agency. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

On receiving an enquiry, from the local authority with accompanying care plan, the registered manager would initially decide if people's needs could be met. They then carried out their own assessment visit during which they established the care and tasks required, frequency of visits and timing with people to ensure that they met their needs. If the enquiry was a privately funded one, they would also do their own needs assessment. As part of the process people's social history and activities outside their home and support needs required were identified to promote social inclusion.

People were encouraged to take ownership of and contribute to their care plans, as much as they wished. The care plans were regularly reviewed, re-assessed with people and updated to meet their needs. Personal information such as race, religion, disability and beliefs were clearly identified in their care plans. Any communication issues or requirements were identified as part of the assessment process and recorded in people's care plans so that staff were aware of them. This information enabled staff to better understand people's needs, preferences and choices, respect them and provide the care and support needed. The agency matched staff to the people they supported according to people's preferences, their language and any specialised skills required.

The agency did not provide end of life care, but continued to provide a service for as long as people's needs could be met and worked in tandem with district and palliative care nurse teams.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

As a specialist 'extra care' housing provision, activities including meals were available to people. An activities co-ordinator facilitated coffee mornings, breakfast club, exercise sessions, bingo and a film club.

Good

Is the service well-led?

Our findings

People said they were happy speaking with the registered manager and office staff about any concerns they may have in the same way that they did with staff who provided them with direct support. People said they had regular, daily contact with the office. One person told us, "The [registered] manager is very nice and I get help when I need it." Another person said, "We come first."

The agency's culture was open and inclusive culture with clear and enabling leadership. Its vision and values were clearly set out and staff understood and adhered to them. They were explained to staff during induction training, included in the staff handbook and regularly revisited. One staff member said, "I love my work place, job and tenants. If you don't have your heart in it, working here doesn't make sense." Another staff told us, "We all work well as a team."

Staff told us the agency was a good place to work and the staff files demonstrated that regular staff supervision and annual appraisals took place. They said the registered manager and office team provided good support and made themselves available when needed. One staff member said, "If I don't know something, I'm not afraid to ask the [registered] manager." The management team were in constant contact, as they were in the same building and this enabled staff to give their opinions and exchange knowledge and information. Staff said service improvement suggestions they made were listened to and given consideration. They also had access to a whistle-blowing procedure that they would feel confident using. There were also good opportunities for career advancement. A staff member said, "I started as a carer and now I'm a team leader."

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.
The agency had established community links and had regular contact with local community centres, places of worship and schools. People who staff identified as being in danger of social isolation were encouraged to participate in activities within the building and local community.

Records demonstrated that there were random spot checks in people's homes, with their permission, frequent contact and regular service reviews took place. These reviews identified what support worked for people, what did not work and what people considered the most important aspects of the service for them. There were also annual questionnaires sent out to people and staff.

The agency and organisation carried out audits that included, care worker assessments, training, accidents and incidents, missed calls, safe guarding, people's care plans, staff files and risk assessments.

We saw that information was kept securely kept and confidentially observed for digital and paper records.