

Mayfair Homecare Limited

# Mayfair Homecare

## Inspection report

1 Creswell Corner  
Anchor Hill, Knaphill  
Woking  
Surrey  
GU21 2JD

Date of inspection visit:  
06 October 2016

Date of publication:  
14 November 2016

Tel: 01483799138  
Website: [www.robertscareagency.co.uk](http://www.robertscareagency.co.uk)

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Mayfair Homecare is a domiciliary care agency providing personal care and support to people in their own homes, within the Woking area. They also provide support to people with domestic tasks such as housework. At the time of our inspection the service was providing care and support to approximately 99 people.

The inspection took place on the 6 October 2016 and was announced. Prior to this inspection we had received concerns in relation to the care people were receiving during the transition of providers. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

The service had a registered manager. Although they were no longer employed by Sevacare and had left the organisation in June 2016. 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 2008 and associated Regulations about how the service is run. The provider had recruited a new manager who had been in post three days before our inspection.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were able to demonstrate what they would do should they have any concern that abuse was taking place.

Some people had risk management plans in place. The people we spoke with were aware of the need for risk assessing and were happy with what was in place to support them. However the provider was in the process of review all risk assessments since they had taken over the company. The operations manager told us that an action plan had been put in place to prioritise people's assessments.

Staffing levels were adequate to meet people's current needs. However people told us some staff do not always stay for the full length of the call, this was in relation to calls where housekeeping tasks were involved. The provider has taken some action regarding this.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People were supported to receive their medicines when they needed them. We were told by the majority of people we spoke to they did not have any issues with medicines and the appropriate gloves and aprons were always worn by the care workers.

Staff were well supported by the manager and senior team, and had regular one to one supervisions, and spot checks. The staff we spoke with were confident that the support they received enabled them to do their

jobs effectively.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Everyone we spoke with told us that staff members always gained their consent before carrying out any care tasks.

People were able to choose the food and drink they wanted and staff supported them with this. If required, staff supported people to access health appointments. We saw that people had information about their likes and dislikes with food and drinks, and dietary requirements recorded within their files.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place, where people had made complaints evidence was found that these complaints were recorded and acted upon appropriately.

Feedback was sought by the operational management via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon.

Quality monitoring systems were in place and when audits were being conducted there was evidence that actions were taken to address issues drive future improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

Some assessments were undertaken of risks to people. However we identified that this process was not consistent for everyone.

People were supported to receive their medicines when they needed them.

People were supported by enough staff to meet their needs. However people told us staff did not always stay their allocated length of time.

**Requires Improvement** ●

### Is the service effective?

The service was always effective.

People's rights were protected in relation to making decisions about their care and treatment. Staff had an understanding of the Mental Capacity Act 2005 and acted accordingly.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice in their homes.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

**Good** ●

### Is the service caring?

The service was caring.

People who used the service told us the care staff were caring

**Good** ●

and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

### **Is the service responsive?**

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make complaints and that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

**Good** ●

### **Is the service well-led?**

The service was well led.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

People felt supported by the management team. People said that managers were approachable and helpful.

The operations staff carried out regular audits to monitor the quality of the service and make improvements.

**Good** ●

# Mayfair Homecare

## **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 was planned to check 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 inspection took place on 9 October 2016 and was announced. The operations director was given 48 hours' notice of the inspection. We did this because we needed to be sure that someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by two inspectors and expert by experience (EXE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we had received some information of concern in relation to the care people were receiving during the transition of providers. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

In March 2016 the business was sold to national provider Sevacare and renamed Mayfair Homecare limited. There has been a period of transition from the policies and procedures used previously to the current providers. People using the service have remained the same and have been part of the change process. Predominately the staff have remained the same.

We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also made contact with the Local Authority and reviewed information they held on the service. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who used the service and seven relatives of people, four staff members, the

new manager, the interim manager and the operations manager. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits and medicine administration records.

This was the services first inspection since the change of provider.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service. One person said "I don't think about it. I'm safe I know". Another person said "From the previous company I feel such a relief, I feel very safe, I have total peace of mind with this new company, thank you."

People were protected from the risks of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. One staff member told us "I would let my manager know if I saw something" and "We had thorough training in Safeguarding in our induction." A relative told us "I have no safety concerns when the care workers are with my relative."

Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. During our inspection the operations manager identified a person that may have been at risk of harm, and appropriately referred these concerns to the local authority safeguarding team.

Incidents and accidents were reported appropriately and in a timely manner. The staff described to us the action they took to respond to each incident. They showed us examples of outcomes of investigations; this included an accident where a person had fallen. One staff member said, "If a person has a fall, I will contact the emergency services, make sure the person is safe and call the office to let them know."

Some people had risk assessments in place that reflected their current need. One person said, "I am happy with the assessments, I think they are a good reflection of what I need." We saw that these assessments were detailed and covered many areas of risk within a person's life such as mental health, environmental safety, continence and eating and drinking. The assessments we saw outlined what the various risks were, and gave actions for staff to respond to in certain situations. However not all people had up to date written information. The operations director told us they had prioritised this as an action. They confirmed to us after the inspection that people who had potential high risks such as mobility issues or nutritional risks had been reassessed. This information provided guidance to staff on how to keep people safe.

There were enough staff working at the service to cover the shifts required. We discussed the electronic rotas with the operations director and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. We saw staffing rotas that showed staff mostly attended to the same people for the majority of their visits, which meant people had consistency of staff.



One member of staff told us "Yes, there are definitely enough staff, sometime we all pick up extra shifts." People and relatives we spoke to had mixed opinions on staff levels. They were generally happy with the consistency of staff however we had feedback from people that some carers did not stay the full length of time. One relative told us "My relative is allocated 1 hour in the morning, the care worker only stays 30mins. My relative is allocated again time in the evening, the care worker does not stay the full time." One staff member said they had only stayed for 20 minutes not the allocated 30 minutes. We fed this back to the operations director and newly appointed manager who sent us an immediate action plan to ensure staff are monitored to provide the correct length of call time.

The operations director told us that as from 1 December 2016 an electronic recording system for staff to use at the beginning and end of calls was going to be introduced. This would ensure that staff took accountability for staying the allocated time and that the provider could monitor the exact times of calls to people.

The provider had ensured that only fit and proper staff were employed. Recruitment procedures were robust to ensure that only suitable staff were employed. Records showed that staff had completed a full explanation as to their employment history on application forms. Written references from previous employers were robust. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had an interview, provided two references and had a DBS check done before starting work.

People were supported to receive their medicines in a timely way. One person said to us "They help me take my tablets at the time I need them." We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) and the process they would undertake. A staff member told us "I have had training in medicines and using the MAR Charts." However staff had not received competency assessments in supporting people to take their medicines. We discussed this with the operations manager who told us that they would arrange for the managers and team leaders to train to undertake competency assessments on staff. These competency assessment would ensure that staff follow best practice in supporting people to take their medicines safely. Peoples medicines were kept within their own homes.

## Is the service effective?

### Our findings

People and relatives we spoke to felt they had a choice in their daily care. One person said "They always ask my consent- They always ask me before they do anything." A relative told us "They really promote my relatives independence – they try to make them independent where they can."

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that staff had completed MCA training and that the registered manager knew when capacity assessments and best interest decisions were required. We checked whether the service was working within the principles of the MCA. 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.

Staff gained consent from people before carrying out any tasks. One staff member said "I always get the persons consent before doing anything." All the people we spoke with told us that staff gained consent at all times. We saw that consent forms had been signed within people's files that gave consent for support with aspect of care and sharing information. One person said "We work as a team I tell them what I like and they listen."

People were supported and encouraged to maintain a healthy and balanced diet. People we spoke with told us that they were mostly able to prepare food for themselves, or had family members to help, but they had asked staff for assistance and knew that they could ask for support when required. The staff we spoke with confirmed that they mostly encouraged a healthy lifestyle and choices, but would sometimes help people to prepare food. We saw that information relating to dietary needs and preferences was contained within people's file which gave staff guidance on knowing what people liked to eat and drink and any special requirements. One relative said "They chat and get my relative involved."

People and relative we spoke to thought staff had enough skills and experience to carry out their role. One person said about their care staff "Oh Gosh, well trained and definitely skilled." Another person told us the staff are "Very good; they know what they are doing."

Staff received an induction and regular training. We spoke with staff about their experiences of induction. One staff member told us, "I had induction. I got a chance to shadow staff at that time and get used to working here. I could ask any questions I wanted and felt very supported."

The operations manager said that all staff underwent the provider's key skills training and induction. They told us that when they agency was purchased all existing staff were required to undertake this level of training to ensure their knowledge was up to date. The key skills training included manual handling, medicines, dementia care, dealing with emergencies and safeguarding. As well as other aspects of care such as dignity respect and nutrition. New staff employed were also undertaking the Care Certificate as part of

their continuous learning.

The manager told us that the induction training is based over three days. Specialist training is also provided to staff which included care of people's catheters, first aid and supporting people with hydration. One staff member told us "The training gave me the skills to work with the people I do."

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. The staff we spoke with were happy with the supervision and appraisal process. One staff member said, "I have a one to one with my manager every month."

Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. One staff member said "I can approach the manager at any time; there are always people in the office to talk to if you need to." This helped ensure that the quality of care being delivered was in line with best practice by enabling staff to discuss any concerns or ideas they had.

People could have support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments, but they also helped people at times. We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

## Is the service caring?

### Our findings

The staff had a warm and caring approach towards people. One person said "They support me through my support plan. They listen to me." Another person told us "They know me. I feel comfortable when they come to see me."

People's likes, dislikes and preferences were recognised and respected. One person said, "The care plans are very good." We saw that people had detailed care plans that reflected their personal choices as well as their preferred routines. They contained information about people's personality, and personal history, values and beliefs. One person care plan we looked at stated the name the person preferred to be called by, stated they were proud of their heritage and stated "I like to walk down to local shops and pop into pub for a pint." Another person care plan was so personalised it described what a person like to wear for example; 'light coloured flannel for top and dark for lower areas.' This information enabled staff to be well informed about the people they were supporting and develop positive relationships.

People told us that they felt listened to by staff. They told us that the staff would explain things to them in an understandable way and involved them as much as possible in their day to day care.

People were involved in their own care planning. One person told us, "They come out and see me a couple of times a year. They check over everything and do a review of my care. I am involved completely in this process." All the people we spoke with told us that they had the opportunity to speak with the staff and the manager about their care and support, and they felt their views were listened to and taken in to consideration. We looked at people's records and saw evidence to show they were involved in decision making processes, and that their care was reviewed regularly by the service.

People's privacy and dignity was both valued and respected by staff. One person told us, "Wonderful approach. Always respectful, help me no end. If there is a job to do they do it." A relative said "Always makes my relative feel relaxed, they treat my relative with the utmost respect and dignity." All the people we spoke with made similar positive comments. One staff member said, "We get training in privacy and dignity."

There were systems in place to ensure that information about people was treated confidentially. One staff member said, "I always ask the person if they are alright with me sharing before speaking with anyone." People's files and personal information were kept in a secure location in the office. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's information confidential wherever possible.

## Is the service responsive?

### Our findings

Most people we spoke with told us that they had not needed to make a complaint. One person said "Never needed to complain." Another person said "Very very happy. Long may it last. No complaints."

A complaints procedure was in place and was being followed according to the service's policy. People we spoke with told us that they knew how to make a complaint. One person said "I have been given a number, I have never needed to use it." A relative told us "We do have complaint numbers if there are any issues but have had no reason to complain." One person told us "Yes, yes, I have made a complaint a couple of times, only small issues, they have listened to me every time." We found that these complaints had been formally recorded and acted upon quickly by the service management.

People had a needs assessment before receiving any care from the service. The manager told us that the pre assessment process involved a senior member of staff going out to visit any new people who want to receive a service. The assessment contained information about the person's choice of care; what they wanted and when they wanted it. One staff member said "A new person started using the service, I had chance to read the information about the person before meeting them." They would complete an assessment and then review the care package after four weeks. Further reviews were then carried out once every six months. We saw evidence that pre assessments and reviews had taken place within people's files. One care staff said that they had spent time with a new person; they told us "I sat and chatted with a new person and reassured him that everything is fine."

The service had an out of hours number that people and staff could call if there was an emergency or changes to the agreed level of care. The operations manager explained that the on call service was in place after 5pm each evening and throughout the weekends. Each out of hour call was logged into the computer and printed the next day for audit trails. We looked at copies of the on call logged which detailed people cancelling their calls or from staff who were delayed in traffic.

People told us that the majority of time care workers did turn up on time. One person said they turn up on time "100 per cent on time." Other people told us if the care worker was running late due to emergency they would contact and let them know. One person said "Sometimes they are late due to traffic, they always ring me to let me know." Another person said "If they are late, they always let us know." The staff we spoke with told us they would always contact the person if they were running late.

People were encouraged and supported to develop and maintain relationships with people that matter to them. The people we spoke with told us that their family members were kept informed and involved in their care if they wished them to be. One relative told us, "We leave notes around for the care worker the instructions are followed."

People received personalised care for their needs. One care staff told us that they had concerns about person mobility needs, they told us that the manager had "Sorted it out there and then, very good and quite impressed, with the swiftness." They said that the person had needed a bit more support, as their

wheelchair was not suitable for their needs. The care staff said they discussed with person. The office contacted the occupational therapist (OT) who attended straight away. The OT reassessed the person's needs and a new wheelchair was provided.

## Is the service well-led?

### Our findings

The service did not have a registered manager in day to day charge. Since the service had changed ownership there had been a change of management. The registered manager had left their employment in June 2016.

An interim manager was running the services on a day to day basis whilst the provider advertised for a new manager. A new manager had been recruited and they had started three days prior to our inspection. They told us they will be applying to CQC to become the registered manager as soon as possible.

People we spoke to were positive of the change of ownership of the service. One person said "Seems to be led well, no issues. They changed to another company but it did not affect me, I did not realise it was so smooth." Another person told us "Can't fault this company at all, such a relief. They ask my opinion, the manager is marvellous."

People told us they found the interim manager and the management team supportive and approachable. A relative told us "Management is brilliant, they always calls me on a Friday to check if we need weekend cover."

The staff were all positive about the support they received. One staff member said, "The manager is good, they give us informed choices." Another staff member said, "There is a new manager in place, and they have been very friendly and supportive so far." All the staff that we spoke with said they felt valued and supported in their roles and they had the opportunity to discuss any issues either directly with management or collectively within a team meeting environment.

We saw that the service had a staff structure that included the operations manager, the interim manager, and a new manager who was going through the application process to become the registered manager, administration staff, and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service. Office staff told us "There is an open door policy." During our inspection we saw staff come to the office for support and guidance, there was a relaxed atmosphere.

Staff were aware of the values of the provider. We were told that these include; We care passionately about our customers, We support and enable our customers to live life to the full, We promote independence and We deliver personalised services which meet the needs of the individual. These values are introduced through staff induction and discussed during supervisions.

The operations manager showed us the 'traffic light matrix' for staff training. This identified by red, amber or green which staff were up to date with training and which staff needed to refresh their training in different areas. Staff members were encouraged to gain skills and knowledge through training opportunities. We saw that the manager had sent out various emails to the staff team to communicate some upcoming training courses that people were due to attend. We also saw that people were reminded of various policies and procedures by the manager via email. All the staff we spoke with said they felt that communication within

the team was good and they were confident that this would continue under a new provider.

Feedback was gathered from the people that used the service. We saw that questionnaires had taken place where people were asked to comment on the quality of the care they received. One relative told us "I was given a questionnaire for the service, filled it in." The information was recorded and evaluated to identify any areas for concern and or improvement. The new manager explained that they were going to be visiting every person to obtain their feedback and introduce themselves. We saw the outcomes analysis of the annual satisfaction survey. 60 questionnaires were sent out representing a 74.5% sample of active service users. At the point of this preliminary report 24 questionnaires were returned partially or wholly completed. All of these people stated they were either satisfied or very satisfied with the care provided by Mayfair Homecare.

The service had systems in place to monitor the quality and effectiveness of the service. These included visits by the operations manager. The operations manager told us information collected during the visits was used to identify any issues.

The service also involved a 'spot check' quality checking which was undertaken by the care coordinator and team leaders. Other quality assurance checks from the provider included details of areas that had been identified where improvement could be made. For example; where some people had said staff may not stay for the full length of time the manager had identified the deficit and told us they had implemented; "Spot checks on all staff and we are also talking to staff when they come into the office as well as addressing this in the next meeting. " They told us "We have had supervisions with some staff and asked why they are not staying the agreed times. We have asked staff to report to the office if they feel that the call can be done in less time so that it can be reviewed and appropriate changes made" and "We will also be using our communication logs to monitor staff times in and out and address any concerns at our earliest convenience."

The auditing process provided opportunities to measure the performance of the service. The provider undertook internal audits which measured the effectiveness of the service against a number of regulatory frameworks. The last audit showed that the service was 70% effective in its practices. The manager had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. The operation director said that the percentage would have been higher but only denotes a six month period since Mayfair Homecare has been the new provider.