

Mayfair Homecare Limited

Mayfair Homecare - Farnborough

Inspection report

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28 October 2021

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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 - Farnborough is a domiciliary care service providing care and support to people in their own homes. Not everyone who used the service received personal care. The Care Quality Commission 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. At the time of inspection, 38 people were receiving support with personal care.

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

People received good care from a service which had improved since the previous inspection.

People received their medicines as prescribed, from staff who were trained and had their competence assessed. Staff arrived on time and stayed the right amount of time. People were happy with the staff who visited them and told us they felt safe with them.

The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Risk assessments were in place which identified where people were at risk. Risk assessments considered people's healthcare needs and the environment they lived in.

We were assured that the provider was using personal protective equipment effectively and safely.

The registered manager had systems in place to identify where things could have been done differently, when things went wrong. They also ensured they continued to learn and improve the service. There was a positive culture which empowered people and staff, which in turn had improved the service since the last inspection.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 May 2019).

At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating. We looked at the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayfair Homecare – Farnborough on our website at www.cqc.org.uk.

Follow up

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

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 - Farnborough

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We gave the service 24 hours' notice of the inspection.

Inspection activity started on 28 October 2021 and ended on 11 November 2021. We visited the office location on 28 October 2021.

What we did before the inspection

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

improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We also looked at our previous inspection report and conducted a telephone call with the registered manager on 25 August 2021. The purpose of this call was to discuss what progress the registered manager and provider had made to address our concerns around medicines administration.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff, as well as the registered manager and their line manager. We received feedback from two social care professionals.

We reviewed a range of records. This included risk assessments for three people and medicines records. We looked at three staff files in relation to recruitment. We also looked at records relating to the management of the service, such as the recruitment procedure.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection, we found there were gaps in medicine administration records and there was not always appropriate guidance for staff about medicines prescribed as 'when needed' or pain relief. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- People received their medicines as prescribed, from staff who were trained in supporting people with medicines.
- People told us staff supported them with their medicines. One person told us, "[Staff] don't go until I've taken [my tablets]."
- The registered manager told us they had "completely revamped the recording system". Records showed what the medicine was, how many tablets had been taken and how many times a day. The records were audited each month. If a signature was missed in the records, action was taken and staff were retrained. The regional manager also audited the branch records.
- Staff had their medicines competency assessed and received annual refresher training, as well as spot checks and observations.

Staffing and recruitment

- The provider had a recruitment procedure in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The provider had not always gathered all the necessary information about new staff, as detailed in regulation. We advised the provider of this and they updated their recruitment policies and procedures to ensure compliance in the future.
- People told us staff arrived on time and stayed the right amount of time. Sometimes, staff would be involved in an emergency elsewhere, but they were notified that staff would be late.
- People were happy with the staff who visited them and one person noted they generally had the same staff support them each time. Another person told us staff had responded well when they needed some emergency care. They also said, "There's never been one person I've not liked. The care is 100%."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff.
- The provider had policies and procedures in place designed to protect people from the risk of harm and abuse. Staff had completed safeguarding training; they were aware of the different types of abuse and told us what they would do if they suspected abuse or had concerns.
- The registered manager had reported any safeguarding concerns to the local authority as required. The registered manager told us, "Safeguarding is everyone's responsibility, including staff. We have a good relationship with the local authority safeguarding team and my responsibility is to give them as much information as possible."

Assessing risk, safety monitoring and management

- The registered manager ensured risk assessments were in place which identified where people were at risk. Risk assessments considered people's healthcare needs and the environment they lived in.
- Where risks were identified, action was taken to minimise the risks, for example, equipment put in place when people needed support to move around their home.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Systems were in place to ensure there was enough PPE for staff to use appropriately.
- People told us staff wore masks, aprons and gloves.
- Staff told us they had plenty of PPE and told us how they used it when supporting people.
- Spot checks were undertaken by management to ensure staff were wearing the correct protective equipment.
- The provider was accessing weekly, laboratory COVID-19 testing for staff. The registered manager had systems in place to ensure all staff took their tests and recorded their results.
- Staff had received training for infection control and food hygiene.

Learning lessons when things go wrong

- The registered manager had systems in place to identify where things could have been done differently, when things went wrong.
- For example, when a person's mobility changed quickly, the registered manager sent out a message to staff to ensure the right equipment was close to them and went to visit the person at home. Staff continued to monitor the person's mobility and there were no further issues.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 promoted a positive culture which empowered people and staff, which in turn had improved the service since the last inspection.
- Comments from people using the service included, "Now [the registered manager] has come in, it's fantastic, she has really pulled it around", "[The registered manager] manages very well, she sometimes comes out [to the person's home]", "I'm happy with them [at the office]" and contacting the office was "no trouble, they're very good."
- Comments from staff included, "Communication is very good, things get done. Service users will tell us [anything they need], we call the office and things get resolved quickly. Everyone in the office is supportive", "[The office] is run very well; they all listen, any problems, we go straight to them and they sort it out. They are all really nice" and "[The registered manager and office staff member] do caring as well, they've met the clients and they know them. They've always got time to talk [to us], we are not rushed. They call back again to see if you are ok."
- One social care professional told us they had been working with the service and found, "[The registered manager] was keen to engage with us and provided vital input into managing risk which was very helpful to us. [The registered manager] has supported her carers in this situation and we have been impressed with her overall professionalism."
- Another social care professional echoed this view. They told us, "[The registered manager] and the carers were really pro-active with [a person], encouraging them to accept care and equipment to reduce risk. They always respond to phone calls and if there are any concerns they contact me. They are very professional about [people] and they show them warmth."

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 registered manager understood their responsibility regarding apologising to people if something went wrong.

Continuous learning and improving care

- The registered manager ensured they continued to learn and improve the service. For example, they took part in local management networks which meant they had meetings with other providers and managers to discuss ideas.
- The provider sought input, advice and training from a range of external professionals.

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

- The registered manager was supported by senior management and staff roles based in the office.
- The provider had a system of auditing in place to monitor the quality of the service provided. This included a weekly report by the registered manager and monthly audits by senior management. Any areas identified as needing improvement were addressed.

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

- The registered manager involved people using the service in how it was run.
- For example, people had been asked if they preferred staff to wear a uniform or not.
- The registered manager and provider had an information file available which considered how people's equality and diversity needs could be promoted and met. Should a person with specific needs approach the agency for a service, information was available to support them.
- The provider undertook an annual service user satisfaction survey. The last one was in December 2020 and the results were positive and showed people received good care.

Working in partnership with others

- The registered manager worked in partnership with others to improve the care and support provided to people.
- For example, the service was taking part in a pilot scheme run by the local authority, which was exploring the use of artificial intelligence in care. The scheme aimed to see how people and staff could be better supported.