

Mayfair Homecare Limited

Mayfair Homecare - Milton Keynes

Inspection report

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20 January 2022

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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

Mayfair Homecare is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 108 people were using the service.

Not everyone who used the service received personal care. 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 and what we found.

People said they received safe care and were protected against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans.

Safe recruitment practices were in place to ensure that only suitable staff worked at the service.

Enough staff were employed to meet people's needs. Though calls providing personal care had not always been timely, people were understanding of this in the context of the current Covid pandemic.

People told us they were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff encouraged people to maintain their independence and do as much for themselves as they wanted to.

Care plans reflected people's individual needs and preferences. People were supported to have choice and control of their lives.

Quality assurance systems were in place to check that people received a service that met their needs.

The regional care manager understood their responsibilities and worked in an open and transparent way. People were aware of how to make a complaint and complaints were properly investigated with an explanation provided to the complainant.

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

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was requires improvement (published 9 April 2019).

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.

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 responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this 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

This inspection was carried out 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, at the time of inspection, did not have a manager registered with the Care Quality Commission. This means that the provider is 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 seven days' notice of the inspection. This was needed to be sure that the senior management would be in the office to support the inspection. We also gave time for the provider to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 19 January 2022 and ended on 20 January 2022. We visited the office location on 20 January 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with nine people who used the service and five relatives about the experience of the care provided. We spoke with four care staff members and the regional care manager. We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the regional care manager 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 improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt safe with staff from the service. One person said, "I feel very safe being looked after by my carer. It helps me stay at home."
- Staff demonstrated they understood how to safeguard people by reporting any suspicion of abuse to management. They were confident the management would take action if they had any concerns about people's safety.
- The regional care manager was aware of the need to report any safeguarding concerns to the local authority safeguarding team and to CQC.

Assessing risk, safety monitoring and management

- Risk assessments were individualised, person centred and reviewed. They covered the potential risks for people and the environments they were receiving support in, including the home and community.

Staffing and recruitment

- Recruitment systems showed evidence of good character and criminal records checks had been completed for all staff before they began working at the service. These checks help prevent unsuitable people from working with people who use the service.
- References had been obtained for staff prior to commencing employment, although relevant care references had not always been received. The regional care manager promptly took action to rectify this after the inspection visit.
- Assessments and support plans identified the number of staff required to deliver care safely. People and relatives confirmed the right number of staff always came to calls.
- They reported no missed calls.

Using medicines safely

- People were supported to receive their medicines in a safe way in the way they preferred.
- Medicine audits were completed by the provider.
- Staff who administered medicines were trained and staff competency checks were also undertaken.

Preventing and controlling infection

- People and relatives told us they were kept safe by staff wearing personal protective equipment (PPE) during the COVID-19 pandemic. One person said, "The carers never fail to wear their full PPE."
- Staff described relevant infection control measures were in place to protect people.

- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents.
- We saw lessons had been learned from accidents, such as the need for accurate records and to wait for a second member of staff to assist people who needed two staff to provide personal care. These lessons were shared with staff.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 had their needs and preferences assessed before care was provided. This ensured there were sufficiently trained staff to provide the care and support needed.
- Assessments reflected people's lifestyle choices and preferences.

Staff support: induction, training, skills and experience

- People and relatives said staff provided good personal care.
- Staff files showed staff had received induction training before they started providing personal care to people.
- Staff had been trained in important areas such as infection control, medication and health and safety. They said they felt confident to meet people's needs.
- Care plans contained useful information about people's health conditions.

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

- People said they were provided with meals and drinks that met their needs and preferences.
- One person said, "I have seen staff checking dates on food when they do my meals - and they always make sure they leave me something to eat and drink."
- Other people told us they were left drinks when the care call ended, so they were protected from dehydration.

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

- People's assessment and care plans covered health care needs. A care plan documented health care professional involvement in people's care.
- Staff told us they would contact relevant professionals or relatives if people in their care needed health or social care support.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- Staff understood the principles of the MCA and supported people to make choices.
- People were able to decide their day-to-day choices. No best interest decisions were currently needed.
- People confirmed staff always asked for consent before providing care to them.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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 received support from staff who were friendly and caring. A person said, "I found the carers all very kind, courteous and respectful towards me, right from the beginning." Relatives also said that that staff were caring in their approach.
- Staff knew people well. They were enthusiastic about providing quality care to meet people's needs.
- People said staff respected the way they wanted to live their lives.

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

- People and relatives said they had been involved in the planning of the personal care provided.
- Care plans set out how people liked to receive their care. For example, it included people's choice of how they wanted their drinks to be made.

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff preserved privacy and promoted dignity when providing personal care. Staff gave good examples of protecting people's privacy.
- People said staff respected their independence and did not take over and do things for them that they could do for themselves. A person said, "They (staff) know I want to remain independent, so we talk about things that will support me or things I might like to do."
- Staff said they always encouraged people to be independent but would help when needed.
- Staff knew to keep information safe and confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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

- Care plans included information on how people wanted their care to be provided.
- People said they received care that was personalised to their needs. They said staff and management had asked them how they wanted their care to be provided.
- A relative praised a staff member for their responsive action; "Mum started to have falls. The regular carer was the one that put two and two together and realised she had recently had her dementia medication changed and this might be the reason. The GP was alerted, a review was done, and things have definitely improved."

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.

- No one said they needed this assistance at the moment. The regional care manager confirmed this was the case.
- The regional care manager respected people's preferred communication styles. They said information in other formats was available when needed, for example large print, Braille and picture cards.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place so complaints could be recorded and dealt with appropriately. These had been dealt with in a timely and effective way.
- People and relatives told us that if they had had concerns, the management of the service would listen and act on this information.
- The regional care manager said that due to the pandemic, there were staffing pressures. People and relatives told us this had not impacted on them unduly though one person said they had untimely call times. The regional care manager said this would be closely monitored to ensure calls were timely, and staff reminded to call the office if they were going to be late.

End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The regional care manager was aware of what was required should someone require this support. Staff would receive specialised training to ensure the end-of-life care provided was sensitive to the person's needs and wishes.

- People and relatives said that this information would be supplied when they were ready to do so. This was reflected in care plans.

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 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.

Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs.
- People and relatives told us that staff provided care that met their needs. One person said of the service; "They are brilliant, and I would give them 12 out of 10."
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. Staff said they were provided with good support from the management team.

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

- Staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were happy working at the service. One staff member said, "There is always support from the office so that I get help when I need it."

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 regional care manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The regional care manager understood their role and understood the needs of their staff team. Staff were positive about carrying out their work.
- The service currently did not have a registered manager in place. The regional care manager stated that a manager had been recruited and would be applying to be the registered manager in the near future.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people through an annual service user satisfaction survey. This gave people the opportunity to suggest any changes or improvements. One relative said of the office staff, "I think they

are a happy team; they are easily contactable, and they do everything they can to achieve our goal of keeping mum at home. I do recommend them regularly."

- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included infection prevention and people's care needs.

Working in partnership with others

- Relatives told us that staff reacted by calling medical services as needed for their family members. One relative said, ""The carer kept ringing the surgery until (family member) got a home visit. She was great and most persistent."

- The regional care manager was aware of the need to work with health professionals to ensure people's needs were met. For example, staff had worked alongside Macmillan nurses to provide end-of-life care.

- Staff understood they needed to inform the manager and people's families if people were ill or had an accident.

- The regional care manager was receptive to feedback when we discussed the inspection findings.