

Mayfair Homecare Limited

Milton Village

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mayfair Home Care Limited provides personal care services for people living in their own flats within an extra care housing scheme at Milton Village. The scheme operates over three separate, purpose-built buildings Osprey, Brent and Crane Court that are within walking distance of each other. Each building has three floors with lift and stair access. There are some communal lounge areas within each building and a hairdressing salon in Brent building.

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

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service. Staff had completed training in how to prevent the spread of infection whilst working in people's homes. Staff had completed training in medicines and their competence to administer medicines was checked regularly. Medicine administration records had been completed accurately.

The registered manager led by example and empowered their staff to provide high quality care and support. Good staff performance was rewarded. Quality assurance processes helped the provider and the registered manager to identify and act on areas which could pose a risk to people's safety. The registered manager had a good knowledge of the regulatory requirement to report concerns to the CQC. People, relatives and staff praised the approach of the registered manager, whom they found to be supportive and approachable.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service provided people with personalised care that met their needs and took account of their wishes. The registered manager developed people's care plans with them. If people requested changes to their planned care the registered manager tried to agree to the requested change. People knew how they could complain about the service. The registered manager had links with specialist services she could contact to support people as they reached the end of their lives.

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

Rating at last inspection

The last rating for this service was Good (published 9 May 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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 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.

Milton Village

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

This inspection was carried out by one inspector.

Service and service type

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 bought or 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 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is an extra care housing service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, area manager, and the complex manager, senior care worker, care workers.

We reviewed a range of records. This included four people's care records and medicine records. We looked at four 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 provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. Policies were in place about safeguarding adults, whistleblowing and financial protection of people. These made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training in safeguarding and understood their responsibility to report any allegations of abuse to their manager. One staff member said, "I would report it immediately."
- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training. One staff member said, "It's about keeping people safe and reporting any concerns. We would report any abuse or changes or anything unexplained, like bruising."

Assessing risk, safety monitoring and management

- People felt safe being supported by staff. One person said, "The staff are very good, they make me feel safe. They take their time and look after me well. I have no concerns." People confirmed they had no concerns about safety.
- Risks to people's health and wellbeing were considered, assessed and regularly reviewed. When people's needs changed we saw this had been considered and risk assessments updated to reflect this.

Staffing and recruitment

- People confirmed there were enough staff available to meet their needs. One person said, "They are usually on time, there seems to be enough staff on duty when I need support."
- We saw pre-employment checks were completed before the staff could start working in people's homes. Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included employment references, criminal records checks and proof of identification.
- Staff received monthly fact sheets on specific medical conditions that related to people receiving care for example, diabetes. These fact sheets are used to give staff up to date information to ensure they deliver effective care to people.

Using medicines safely

- When people needed support with medicines they were happy with the support they received. People received their medicines as prescribed. One person said, "They are good with my tablets, I have them when I should, they don't forget."
- Arrangements were in place to help ensure medicines were managed safely. Staff undertook training

before they were able to administer medicines. This included an assessment of their competence to do so.

- Medicine administration records were kept, and staff were expected to sign these each time they supported a person to take medicine. Once completed, these records were audited and checked by a senior member of staff. Records confirmed that if the auditing revealed any errors on the charts, these were then followed up with the relevant staff member.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes. This minimised the risk of cross contamination.

- Systems were in place to help reduce the risk of the spread of infection. An infection control policy was in place which included guidance about good hand washing technique and the use of protective clothing.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents. These were subject to review by senior staff to monitor if there were any areas for improvements if things went wrong.

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 the same.

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 expressed satisfaction with the service. One person said, "I am absolutely Satisfied, with the service I receive from the management and carers, I have no complaints."
- After receiving an initial referral, the service carried out an assessment of the person's needs to determine if they could be met. The assessment included discussions with people and their relatives and where appropriate professionals involved in their care. This assessment included a review of existing documentation about the person's support needs. Records showed assessments covered needs in relation to personal care, physical health, medicines, mobility, and religion and ethnicity.

Staff support: induction, training, skills and experience

- The provider had a structured induction process in place and we saw new staff had completed this. Following their induction staff received ongoing training to ensure their knowledge and skills were updated to support people effectively.
- Staff had adequate skills and experience to fulfil their role. One person told us, "They know what they are doing, and they know how to use all my equipment in the flat."
- Staff were supported to develop knowledge and skills to help them in their role. On commencing work at the service, staff shadowed experienced staff to learn how to support individuals. Staff who were new to the care sector also completed the Care Certificate, which is a training programme designed specifically for staff who are new to the care sector.

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

- When staff offered support to people at mealtimes, they ensured people were offered a choice of what they wanted to eat. One person said, "They shout out what I have in my fridge and I have a bit of what I fancy."
- People's dietary needs had been assessed. When people required specialist diets we saw information was in place for staff to follow and they were aware of people's individual risks with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. People were regularly reviewed by other healthcare professional, one person received regular visits from the district nursing team.
- Staff responded to health concerns promptly one person told us staff had attended their routine call and

noticed their legs were swollen, staff asked permission to call the GP to visit. This person said " Sometimes I call the GP by myself other times the carers call for me, but they always ask my permission and report it to the manager."

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health and wellbeing was monitored.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, speech and language therapists, when concerns with their eating and drinking had been identified.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, met.

- At the time of the inspection no one currently using the service was deprived of their liberty. staff understood the principles of ensuring people were supported to have maximum choice and control in their lives.
- The registered manager told us a referral had been made by the service for one person to have a mental capacity assessment carried out by their care manager as their mental health had deteriorated. The registered manager told us that they were waiting for the assessment date.
- Staff were able to demonstrate an understanding of the MCA and when they should gain consent from people. Staff had received training in mental capacity.
- People had signed consent forms to agree to care being provided in line with their care plans. People told us they were supported to make choices.

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 Good. At this inspection this key question has remained the same.

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 were treated in a kind and caring way. One person told us, "The staff are very good, they take time and know what they are doing, I am happy with them."
- Staff knew about people's preferences and backgrounds and were able to describe people in detail, staff told us about people's likes and dislikes, interests and care needs.
- Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. This helped staff to effectively engage and interact with people to maintain their abilities and lifestyles.
- The management team had introduced diversity days every week, this involved discussions around different foods, religion, culture and beliefs to improve staff awareness of diversity.

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

- People were encouraged to make choices about their day to day care. The care plans we looked at considered choices and preferences throughout and staff provided support accordingly.
- We saw that reviews of people's care were taking place, both people and relatives were involved with this.
- People had the opportunity to complete an annual survey about the quality of service they received, we noted people's responses were positive about their care and support.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect.
- People's privacy and dignity was promoted. Staff gave examples of how they would support people with this. Staff explained how they would lock people's front doors when delivering personal care to ensure no one could walk in.
- Records we reviewed reflected the levels of support people needed. We found care plans identified opportunities to promote independence and staff supported people's independence where this was possible.
- Staff understood the importance of treating people as individuals and referred to people in a respectful way.

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 Good. At this inspection this key question has remained the same.

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

- The service provided people with personalised care that met their needs and took account of their wishes. The registered manager developed people's care plans with them. The care records guided staff on how people wanted their care to be provided.
- A person said, "If I asked for any changes to the planned care, the registered manager agreed to these where possible." They added "If I need to make changes I know I would be listened to."
- The registered manager reviewed people's care plans as their needs changed. This ensured they provided accurate and up-to-date information to guide the staff on how to provide people's support. The care staff told us they received information promptly if the support people needed changed.
- Staff knew people well and their needs were met. People confirmed this to us.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information in their files to ensure staff knew what people's communication needs were and how they communicated.
- Staff were aware of different communication methods used to communicate with people receiving care for example, pictures, large print documents and information provided in another language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. We saw people went out in the community. One person was attending day centre on the day of the inspection.
- The registered manager told us they have recently incorporated a video link between the three building so when activities such as quiz events or parties are happening people in the other buildings can be involved if they chose not to leave their own building. The registered manager told us they had recently used this facility and it was very successful.
- There were various group activities available within the building should people wish to participate in them. We saw some people accessed these activities where as others preferred to remain in their flats.

End of life care and support

- There was no one currently being supported with end of life care.
- The registered manager told us about a person who had chosen to be cared for at home at the end of their life and the additional support this person was given under the supervision of the district nursing team.
- There were policy and procedures in place to guide staff in end of life care and , staff had received training.

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 require 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

- People, relatives and staff spoke positively about the registered manager and area manager and the support they received. One person said, "The managers are great, the managers are always about and anything you want or ask for they listen and get what you want."
- The registered manager and area manager were available and visible during our inspection.
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "I would be happy for a family member to use this service, it is a great team. The managers support us every day. A person said, "It is a well-run business." Another person said, "They make me feel valued as a person and have encouraged me to carer."
- Staff told us they found their jobs rewarding and enjoyed providing people with care and support. They spoke highly of the support they received from management staff in carrying out their role and responsibilities. They confirmed they were received the information and up to date guidance they needed to provide people with personalised effective care.
- Every year an awards ceremony is held for care staff, the awards are voted on by people who use the service and gave people a voice in staff performance.

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

- Duty of candour requirements were understood by the manager and provider.
- The provider had processes in place that ensured when mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the manager and the provider. They had the opportunity to raise concerns by attending team meetings and individual supervision sessions. They felt they were listened to and when needed action was taken.

- The manager and provider ensured that we received notifications about important events so that we could check appropriate action had been taken.

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

- The provider sought the opinions of people who used the service. People and relatives were given the opportunity to attend meetings and reviews to discuss and share any concerns.
- Records showed management staff worked in partnership with people, their relatives and when applicable social care agencies to ensure people received care that met their needs. People's equality and diversity needs were identified and understood by the service and supported. For example, specific requests relating to people's choices, such as having a female member of staff providing personal care were respected and facilitated by the service.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on care files and medicines. Where concerns with quality had been identified we saw improvements had been made. For example, when medicines errors had occurred, these had been investigated and discussed with the staff member to reduce the risk of reoccurrence.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.