

Sevacare (UK) Limited

# Mayfair Homecare - Southampton

## Inspection report

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26 November 2018  
28 November 2018

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on between 22 and 28 November 2018.

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

At the time of inspection, there were 33 people receiving personal care services from the provider. Not everyone who used Mayfair Homecare Southampton received support in the form of a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager in place at the time of our inspection. 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.

People told us that the provider's arrangements to oversee the service outside of office hours were not effective. They felt the provider's 'On-Call' service did not always effectively communicate when changes were made to people's care or when staff were running late. The registered manager had recognised that improvements were needed and had implemented measures to improve the quality of this service. It was too soon to judge how effective these measures had been.

The provider assessed people's needs to help ensure they received appropriate care. When people's needs changed, the provider acted responsively to help ensure their changing needs were met.

The registered manager had overseen improvements to the service after feedback from the local authority. This included reforming their care planning document to enable it to better reflect people's needs. People were involved in planning and reviewing their care and were asked for their feedback about how improvements could be made.

People received personalised care which reflected their equality, diversity and human rights. Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were appropriate systems in place to handle complaints and concerns.

There were safe systems in place to manage people's medicines. The registered manager's auditing and quality assurance processes had identified where staff needed additional training and support to ensure

safe medicines management.

Staff received training which was relevant to their role. The registered manager monitored their performance and ongoing training needs through supervision and observation of their working practice.

People were safeguarded against the risks of abuse and harm. The provider had worked with the local safeguarding teams to investigate individual concerns when they arose and put plans in place to help keep people safe.

Risks to individuals were assessed and mitigated. The provider had systems in place to help ensure people received their care during extreme circumstances such as bad weather. There were systems in place to reduce the risk of infections spreading.

People's dietary needs were assessed and documented in their care plans and the service made adjustments to help enable people to access healthcare services when required.

The provider had an electronic rota management system in place which helped them to monitor the care people received. There were enough staff in place to meet people's needs and senior staff were available to provide care if required. The provider had safe recruitment practices in place.

The registered manager fostered a strong sense of community involvement by encouraging staff to participate in charity and community based events.

People told us staff were friendly and caring in their role.

The provider understood the principles of providing compassionate care at the end of people's lives.

## 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.

There were sufficient care staff in place to meet people's needs.

There were policies in place to protect people from abuse and harm. The provider followed safe recruitment procedures.

Risks to people were assessed and mitigated. There were systems in place to reduce the risk of infections spreading.

There were systems in place to analyse incidents and accidents

### Is the service effective?

Good ●

The service was good.

Staff received sufficient training relevant to their role.

The provider sought appropriate consent to care.

The registered manager carried out assessments of people's need before care visits commenced. This included support they required with their diet and nutrition.

The provider worked effectively with other organisations to promote people's health and wellbeing.

### Is the service caring?

Good ●

The service is good

People were treated with dignity and respect.

People were involved in developing their care plans.

Staff were kind and dedicated.

### Is the service responsive?

Good ●

The service has improved to good

People received personalised care. The provider had made improvements to the care planning documentation to help ensure people's needs and preferences were reflected.

There were policies in place to handle complaints and concerns.

The provider understood the principles of delivering compassionate and empathic care at the end of people's lives.

### Is the service well-led?

Requires Improvement ●

The service required improvement.

The provider's arrangements for managing the service outside of office hours were not effective in communicating changes to people.

The registered manager was involved in the day to day running of the service and understood people's needs.

The registered manager carried out audits to assess the quality of care and had made improvements to the service as a result.

The provider worked with other stakeholders to promote good outcomes for people.

# Mayfair Homecare - Southampton

## **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.

The inspection activity started on 22 and ended on 28 November 2018. It included visiting the office location on 22 and 26 November to see the registered manager; and to review care records and policies and procedures. On 23 and 28 November 2018, we spoke to 18 people or relatives who used the service via telephone and five staff. One inspector carried out this inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at care plans and associated records for five people and records relating to the management of the service. These included one four staff recruitment files, accidents and incidents, quality assurance records and the computer based rota management system. We looked at key policies developed by the provider. We reviewed quality monitoring visits by the local authority and action plans developed by the provider in response to the feedback their feedback.

The service was last inspected in March 2016 where the service was rated good.

# Is the service safe?

## Our findings

There were sufficient numbers of staff in place to meet people's needs. The registered manager had recruited staff who lived in the specific areas where care calls were needed. This helped to ensure staff were easily able to reach people for their care visits. The registered manager and office staff were available to help cover care calls in times of staff sickness and annual leave. At the time of inspection, the provider was in the process of recruiting additional staff.

The registered manager oversaw the recruitment of new staff and had processes in place to assess prospective candidates experience, character and suitability for their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

There were safe systems in place to help ensure people received their medicines as prescribed. The level of support people needed from staff to manage their medicines was documented in their care plans. There were systems in place to record the medicines people were administered and these records were audited monthly by the registered manager to pick up any anomalies or possible gaps in administration. The registered manager had worked with staff to improve the quality of their recording of medicines administration after they had identified widespread errors or inaccuracies. This work included addressing quality issues in supervisions and team meetings. This had been effective in helping to ensure these records were completed accurately.

People were safeguarded against the risks of abuse and harm. All staff had received training in safeguarding vulnerable adults. This training was designed to help staff identify if abuse had occurred and action required to keep people safe. Office staff member had completed additional training in safeguarding to help ensure they were aware of the correct reporting procedures in line with local authority guidance. The provider had made appropriate referrals to safeguarding teams when concerns were raised and investigated issues appropriately in line with their guidance. This helped to keep people safe.

Risks to people were assessed and mitigated. The registered manager had assessed people for risk of, falls, malnutrition, skin integrity and risks around their home environment. Where risks had been identified, plans were put in place for staff to minimise the impact on people. For example, where people were at risk of falls, staff were given instruction on safe moving and handling procedures and appropriate mobility aids people used to keep them safe during care.

There were plans in place to help ensure the service ran safely in the event of emergencies or extreme weather. The registered manager had prioritised people's needs to ensure the most vulnerable would receive care. They told us that they had mapped out which staff lived closest to people; staff would then visit people by foot if car journeys were not possible. The registered manager had also arranged for all-weather vehicles to transport staff to visit people if roads were difficult to access in extreme weather. This helped ensure there was a contingency plan in place in extreme circumstances.

There were systems in place to protect people from the spread of infections. Staff had received training in

infection control and were aware of good infection control practice when supporting people with their personal care. This helped to minimise the risk of infections spreading.

There were systems in place to reflect on incidents and errors. The registered manager investigated all incidents to look for trends and causes. They used this information to put measures in place to reduce the risk of reoccurrence. They had used this system effectively to identify where staff needed additional training and support around medicines administration because of errors that had been made.



## Is the service effective?

### Our findings

Staff received training in line with the requirements of their role. New staff had received training in line with the Care Certificate. The Care Certificate is a nationally recognised set of competencies for staff working in care settings. Staff's ongoing training needs were met through a mixture of online training and practical sessions for moving and handling. The registered manager regularly met with staff to discuss their working performance and review their training needs.

Staff received additional training to meet the specific needs of people. For example, some staff had received training in catheter care, which helped them when supporting people with their continence needs. One member of staff said, "The training and support you get is good. I feel I get everything I need."

There were policies and procedures in place to ensure the provider received appropriate consent to care. Senior staff visited people to go through their care plans to ensure they understood and consented to it. The registered manager told us if people did not have the capacity, they would seek consent from a person who had legal authority to consent on their behalf such as the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions for themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2005.

The provider assessed people's needs prior to care commencing. They used a range of assessment tools to determine people's needs. The registered manager met with people to help identify their preferences around their personal care routines. They also reviewed assessments from social workers and health professionals to help formulate appropriate care plans.

People's dietary requirements were detailed in their care plans. Some people required staff assistance to make meals and help when eating. People were independent in identifying what they would like to eat and when and directed staff accordingly. Where people were at risk of malnutrition, there were systems in place for staff to report concerns to the office staff, who would then make appropriate referrals to healthcare professionals for additional guidance.

People had access to healthcare services as required. People had information about their healthcare needs in their care plans. People were predominately responsible for accessing healthcare services independently. However, the provider made arrangements to schedule care visits around health appointments to help enable people to access these services. Where healthcare professionals made recommendations about people's ongoing care, the registered manager incorporated recommendations into people's care plans. This included guidance from doctors, district nurses and occupational therapists.

Staff acted quickly to make appropriate referrals to social workers and healthcare professionals to ensure people had the right equipment and support. The registered manager liaised with professionals when people's needs changed and they required increases or decreases in their support. This helped to ensure

appropriate levels of support were in place.

## Is the service caring?

### Our findings

People were given a choice about the staff they had. One person said, "I can request who I want and can tell them [the provider] who I don't want to come anymore." The registered manager told us they were happy to listen to people's preferences around staff, but were always realistic about the timescales involved in replacing staff when requested. They said, "We will always listen to people when they ask for different staff and are honest about why it cannot always be straight away, due to availability of staff in specific areas." The provider's computer based rota management system enabled the registered manager to 'template' people's preferred staff into regular visits. The system also enabled the staff to be excluded from people's care upon their request. This ensured that they would not be allocated to the person's care visits by mistake.

People told us that staff were kind and caring. Comments included, "All the staff that they send are lovely." "I have some truly wonderful girls [staff] visit me." and "I have one lady who visits me who is a real gem." Staff told us how they were dedicated and caring in their role, often picking up additional care visits to cover staff sickness or holiday. One member of staff said, "You do your best, you want to help out because I wouldn't want anybody to go without care."

People were treated with dignity by staff. Staff received training in dignity, which helped them identify the principles of promoting dignity in care. People told us that staff were respectful of their home and were polite and patient. One person said, "I never feel like the staff rush me at all. I know they are busy, but will always take the time to make sure I am alright." Another person told us, "I have a good quality of carers, especially the more mature ones. They know how to run a household and respect that I want things done in a particular way."

There were systems in place to ensure people's confidentiality was protected. The registered manager ensured that all care documentation was stored in locked cabinets in the providers office. They ensured that there was no identifiable information on display in the office that contained people's personal details. This helped to ensure that people's personal data was stored securely

The registered manager embodied a caring ethos by setting aside time and resources to give people extra support. They had organised for regular days where staff would visit people to provide company and companionship. These visits were separate to people's care calls. The cost of these visits was met by the provider and the registered manager had identified who was at most risk of social isolation when identifying suitable people for these visits. They told us, "It is lovely to be able to do this for people."

The provider demonstrated a clear understanding, through the planning and delivery of care, about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were policies to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity. The registered manager had a good knowledge of promoting equality and diversity and had incorporated these considerations into their assessment processes.

## Is the service responsive?

### Our findings

The registered manager had made improvements to care plans to help ensure they were personalised to people's needs. They had identified that previous care plans did not include sufficient detail about people's backgrounds, medical history and preferred routines around their personal care. They had overseen the update of people's care plans to a new format which contained this information in more detail. Care plans included step by step instructions for staff which followed the specific preferences and routines people had around their personal care. These care plans also included instructions of how to use specific mobility equipment and where it could be found in people's homes. The registered manager told us, "Care plans should include positive outcomes, aspirations or goals and quality of life that the person wishes to meet while care is being provided. The old care planning format did not really capture this detail like our new format does."

When people's needs changed, the provider acted responsively to help ensure people were receiving the appropriate care. Senior staff visited people at regular intervals to help ensure they were satisfied with the care provided and it still met their needs. When people's needs changed, the registered manager rearranged care visits, scheduling additional care and contacting professionals to help ensure people had the support they required.

The provider provided compassionate care at the end of people's lives. The provider had worked in partnership with other health professionals such as doctors and district nurses to provide care for people which helped enable them to remain in their own homes if they wished. The registered manager demonstrated how the provider had worked flexibly to meet people's changing needs in these circumstances.

There were systems in place to deal appropriately with people's complaints. The provider had a complaints policy in place. This detailed how people could make a complaint and how these concerns would be investigated. The policy also detailed external agencies that concerns could be referred to such as the local authority. Some people told us they had made complaints to the service regarding scheduling of their call times. We brought this to the attention of the registered manager, who was aware of people's individual concerns. They told us how they had prioritised the care of the most vulnerable people when scheduling rotas. Unfortunately, this meant that not everyone was able to have their call care scheduled at exactly the time they requested. The registered manager met with people and had contacted commissioners where people were not happy with the adjustments made. This demonstrated that they had an open approach to working with people when they had raised complaints or concerns.

## Is the service well-led?

### Our findings

People and their relatives told us that the quality of the service decreased outside of office hours during evenings and weekends. Fourteen people or relatives told us about issues, which included; not being told about changes to staff members or times of care calls, not being given information when new members of staff are scheduled, messages not being passed onto the office and on occasion being spoken to rudely. Comments included, "The office is good, but I am sick of the changes at the weekend. They don't always tell you who is coming or when." "The communication is up and down. The amount of times I have called and no-one gets back to me." "Sometimes they send a new carer who I have never even seen before. It's a different person to who is on my rota and I have no idea who this person is." "You are stark naked and need help to have a wash, you need to at least know who the person is that's coming." And "The service is let down by communication, particularly bad at the weekends. The people on the phone are not always helpful."

Staff also told us that the On-Call service was not always effective in communicating changes to people. Comments included; "Mayfair Homecare are supportive, but the On-Call service don't always phone ahead when you are running late. I feel a bit sorry for people when they have to wait and don't know what's going on." "Where they are based in London, they have no idea about the areas we are covering" and "The On-Call staff can sometimes be quite forceful. It was my weekend off and they still contacted me."

The provider had a separate telephone 'On Call' team which managed the service during the evenings and weekends. The On-Call team was based at a location out of county and comprised of seven members of staff overseeing 20 of the provider's offices.

The registered manager was aware of issues related to the On-Call service and had taken steps to make improvements. These measures included, making senior staff available to assist On-Call and arranging for a member of the On-Call staff to visit the Southampton office to learn about the local area. The provider had also fed back concerns to the manager of the On-Call service, who had arranged for supervisions with all staff to address concerns relating to communication.

There was a registered manager in place. 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.

People and their relatives told us the registered manager was passionate and caring. Comments included, "The registered manager is a very strong manager." "I think she does a good job" and "The registered manager is a very hard working and caring person."

The registered manager embodied a strong caring ethos. They had a good understanding of the day to day culture within the service, helping with many tasks associated with the running of the service including, answering phone enquiries, rota management and they were available outside of office hours to provide advice and support to staff.

The registered manager ensured the provider had a strong presence in the local community. They organised many community events such as fundraisers for charities, which staff were encouraged to participate in. Each Christmas, the registered manager opened a soup kitchen for local homeless people, which was based at the office. Many staff were involved in the running of this event and it reflected the registered managers commitment to ensuring the service was caring and had a community focused ethos.

The registered manager was committed to their role and kept themselves updated with the latest guidance and legislation through a combination of local providers groups and updates from professional bodies. This included incorporating guidance from the local authority to update the provider's policies around reporting safeguarding concerns.

The provider had a computer based rota management system to help monitor people's care. The system enabled office staff to monitor when staff arrived and left their care calls. Staff used an application on their mobile phone to log the start and end time of each care visit. These logs were linked to the rota management system. This helped the provider to ensure that staff were staying the allocated length of time for care visits. The system also alerted if staff did not log any care calls. This meant the provider could identify if any care calls were missed and put action in place to ensure people received their care in a timely manner. This reduced the risk that people's calls would be missed and people would go without care.

The registered manager carried out audits to check the quality and safety of the service. These audits included, medicine administration records (MAR), records of care visits and care plans. They used these checks to help ensure staff were providing care as planned and to pick up on any errors or trends which needed addressing. The registered manager audited records for each person monthly. These audits were effective in identifying when staff had made errors and needed additional training or support.

Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The registered manager fully understood their responsibilities in this area and had made notifications accordingly.

There were plans in place to increase the number of people who used the service without compromising safety and quality. The registered manager had planned to recruit an additional number of care and senior staff prior to expected growth in business in April 2019. The additional staffing and infrastructure would help ensure the provider had the resources to safely increase the number of people they provided care for.

The registered manager demonstrated a willingness to work with other stakeholders to make sustained improvements to the service. They had used feedback from the local authority to identify where improvements were required. The service had completed an improvement plan, which identified how changes would be made and who was responsible for imbedding them. The most updated improvement plan from November 2018 demonstrated how the provider had made improvements to care plans, staff training, medicines management and reporting procedures around safeguarding concerns since the improvement plan was first developed in March 2018.

The registered manager sought feedback from people and staff to make improvements. They held regular staff meetings, where themes from people's feedback and quality issues were addressed. The provider sent out regular questionnaires to people and relatives to gain feedback about key aspects of the service. The provider last sent questionnaires to people in March 2017 and was planning to send the next set of questionnaires to people in December 2018.

