

Sevacare (UK) Limited

Mayfair Homecare - Merton

Inspection report

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Date of inspection visit:
14 February 2019
07 March 2019

Date of publication:
09 April 2019

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 Homecare - Merton is a domiciliary care provider. At the time of this inspection 47 people were receiving care and support from the service. The service supports older people, some of whom are living with dementia, in their own houses and flats in the community.

People's experience of using this service:

- Most people were happy with the care they received and said it met their needs. They said they had support from a consistent group of care staff who knew them.
- People said they felt safe with staff. There were systems and processes in place to manage medicines safely and protect people from the risk of harm and abuse.
- People received support from trained and supervised staff who had the right skills and knowledge.
- People and their relatives said staff were polite, kind and caring towards them. Staff respected people's dignity and privacy. They listened to people and supported their independence where possible.
- 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.
- Support plans were up to date and addressed people's needs and individual preferences.
- People, their relatives and staff said they could approach the registered manager if they had any issues or concerns. There was a procedure in place which explained how people could raise concerns or complaints.
- The organisation operated an effective quality assurance system which included the completion of spot checks and audits. People were regularly asked for feedback on their experience of the service through spot checks, reviews, surveys and telephone calls.

Rating at last inspection:

At our last inspection, the service was rated Good. The report was published on 5 August 2016.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mayfair Homecare - Merton

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

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

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:

Our first day of inspection was announced. Inspection site visit activity started on 14 February 2019 and ended on 7 March 2019.

We gave the service 48 hours' notice of the inspection visit because we wanted to ensure the registered manager would be in the office.

What we did:

We spoke with 10 people using the service and three relatives to ask about their experience of the care provided.

We visited the office location on 14 February 2019 to see the manager and office staff; and to review care records and policies and procedures. We spoke with the registered manager and five staff members. We looked at three people's care records, three staff files and other records relating to the management of the

service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People using the service told us that they felt safe with care staff. One person told us, "Yes I do feel safe with them [care staff]."
- People were supported by staff who had received safeguarding training. Care staff were trained to recognise the signs and symptoms of abuse and to report any concerns to senior staff.
- Staff were confident they could approach the registered manager with any issues or concerns and that they would take action. They were also given information about whistle-blowing.
- There were no safeguarding concerns at the time of this inspection.

Assessing risk, safety monitoring and management:

- When people were referred to the service, senior staff completed an initial assessment with them. The assessment identified any risks to the person or staff including any from the home environment and those arising from the support required by the person. More detailed assessments were then carried out as necessary, for example, around medicines and moving and handling.
- Risk assessments seen on people's files were up to date and gave guidance to follow to reduce any risks to people.

Staffing and recruitment:

- Most people and relatives told us that regular staff were provided to help meet their or their family members needs consistently. Some people said they had developed a good relationship with care staff who knew them well. This helped people to feel safe. One person told us, "I am happy" when we asked about the consistency of care staff. One relative said, "For the most part we do get the same carers. They can't help it if staff are sick or there are emergencies." There were systems in place to monitor the consistency of staff provided to people and this was risk rated. A small number of people told us they would welcome more consistent carers so they could build better relationships with them. This was fed back to the registered manager following our visit.
- Care staff were arranged in locality areas to help make sure their visits were timely and got to know people receiving support. One staff member told us, "It's about continuity of care. We try to keep to the same staff." Two care staff told us they visited the same people each week so could get to know them and their support needs well. One person said, "I have the same carers but in different order some weeks." Another person said, "I have three different staff covering the week."
- People told us that the office would usually let them know if they were going to be late. We heard staff doing this when we were visiting. One person told us, "They phone the office and the office phones me."
- Recruitment practices were safe. Systems were in place to ensure suitable staff were employed and relevant checks completed. Staff files included proof of the person's identity, references and Disclosure and

Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely:

- Support with medicines was risk assessed with different levels of support provided. Staff received training around medicines and further refresher training was provided by the registered manager to make sure safe staff practice in this important area.
- Spot checks of staff and audits of medicines records helped ensure people's safety. Staff competency was also assessed through recorded observations by senior staff.

Preventing and controlling infection:

- Staff were supplied with personal protective equipment (PPE). Items provided included gloves, aprons and shoe covers. A staff member told us, "You can get as much [PPE] as you need."
- A person told us, "They are always in uniform and they use gloves." A relative commented, "Yes, definitely they do [use PPE]."

Learning lessons when things go wrong:

- Accident and incident forms were completed by staff and these were signed off by a senior staff member. Any changes required including lessons learnt were documented and actioned.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- People were supported by staff who had received training around the MCA.
- People and their relatives were supported to be fully involved in decisions about the care provided. One person told us, "Yes, they do everything I ask." A relative told us, "They do listen, they take it on board,"
- Support plans addressed decision making and capacity. For example, if the person could make day to day decisions themselves and communicate these. Records documented if a relative or other person had been appointed to make decisions on their behalf as a Lasting Power of Attorney (LPA) for their welfare.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed by a senior staff member before they started to receive support from Mayfair Homecare – Merton. The information gathered addressed people's requirements around areas such as their personal care, mobility and nutrition. Where the service was commissioned by the local authority, their assessments were also obtained to help inform the support provided.

Staff induction, training, skills and experience:

- People using the service told us that they received an effective service from trained staff. One person told us, "They know what they are doing."
- New staff completed an induction programme that followed the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. Mandatory training courses were completed both online and face to face.
- Electronic systems provided the registered manager with up to date information regarding staff training needs so they could monitor these effectively.
- New staff completed shadow shifts with established care staff and were supported until they felt confident to work on their own.
- Staff regularly met with their line manager to discuss their working performance and review their training needs.

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

- People's dietary requirements were addressed in their support plans. Some people required staff assistance to prepare their meals whilst others were more independent.
- Staff reported any concerns to senior staff who made appropriate referrals to external healthcare professionals.
- A recent compliment seen was about a member of staff making breakfast for a person using the service. The person had said it was not to their liking first time but praised them for a 'perfect job' on their second attempt.

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

- The service made appropriate referrals to social workers and other care professionals to help ensure people had the support they required. They alerted commissioners when people's needs changed, requiring them to have support.
- Records showed that staff contacted emergency services or other healthcare professionals when they were concerned about people's health.

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.

Good: 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 and their relatives spoken with said that the care staff were caring and kind. One person said, "I am very happy with them." A relative told us, "They are very very caring."
- Feedback seen from people from reviews and spot checks also supported this. One person had commented, "The carers who care for me are nice. They are always respectful." Another person had complimented their care staff saying they were "Lovely and caring."
- There was evidence the person or their relative had been involved with developing their support plan. People had signed the plan where able. Each support plan was personalised and contained information about the person beyond their assessed health and personal care needs. This included information about hobbies, pets, what they liked to watch on tv and the food and drink they enjoyed. More recent support plans were written in the first person. For example, 'I enjoy crosswords' and 'I would like the care staff to make me a cup of tea.'
- Staff received equality and diversity training and people's protected characteristics under the Equality Act were respected and promoted. For example, people's preferences for gender of carer, their cultural background and language spoken were obtained during their initial assessment. The service used this information to match people with care staff.

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

- People said they were able to express their views. One person told us, "They know me" and said that carers did the things they wanted them to. They told us that their regular carers knew what needed to be done and sometimes did additional tasks helpful to them. Another person told us, "Yes, they do everything I ask." A third person commented, "I will often go to ask them to do something and find that they have already done it."

Respecting and promoting people's privacy, dignity and independence:

- Staff received training in dignity, which helped them uphold the principle of always promoting dignity in care. People told us that staff were respectful of them and their home and treated them with dignity.
- One person told us, "Yes, I think they are polite. The carers are good people." Another person said, "They are very polite."
- People were supported to maintain their independence. We saw a person had commented in a recent review, "The carers let me do some tasks for myself." A relative told us that care staff had always been "respectful, co-operative and helpful."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Support plans were personalised to people's needs. They included information about people's backgrounds, medical history and preferred routines around their personal care. For example, one person's plan gave details about their morning personal care routine and how staff should support them to wash, dress and get breakfast.
- Support plans were monitored to make sure they were up to date. This formed part of the organisational quality assurance system.
- A relative told us, "They always follow my instructions. They have a routine now."
- The service identified people's information and communication needs by assessing them. Guidance for staff was provided in support plans to help ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns:

- There were appropriate systems in place to deal with people's complaints.
- People were provided with information about how to raise any concerns or complaints when they started to receive a service. Records showed that complaints were investigated by the provider and monitored as part of their quality assurance system driving improvement.
- One person told us, "I have no complaints about them." A relative commented, "We have no complaints, they are really very good."

End of life care and support:

- There were policies and procedures in place around end of life care. The service liaised with other health professionals and additional training was provided for staff for any specialist care required.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- There was an effective management structure in place to promote quality person-centred care. The registered manager was supported by a care co-ordinator, team leader and an administrator.
- There was a positive culture within the management team. One staff member commented, "The whole team is understanding. Very good teamwork." Another staff member said, "We promote a high-quality level of care for people." Care staff told us, "They [office staff] are very good. I can talk to them" and "It's a very good environment to work in. Lovely."
- A relative told us, "I've always had a good relationship with the office staff. I find they are very considerate." A person using the service told us, "They [office staff] ring me if there's a problem. Say if the carer is running late."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider had systems and processes in place to monitor the quality of the service.
- Regular audits were used to check the quality and safety of the service. These looked at medicine administration records (MAR), records kept by care staff and care plans.
- These checks helped ensure staff were providing people's support as planned and identified any errors or areas for improvement. For example, checks on MAR's had resulted in some staff having further training around completing these important records.
- Regular spot checks were carried out on staff to help ensure the quality of care. These checks looked at areas such as the timeliness of their visit, infection control and their care practice.
- The registered manager understood regulatory requirements and knew to submit notifications for notifiable incidents in accordance with the regulations.

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

- An annual customer satisfaction survey took place with the most recent in July 2018. The results of this were very positive with high levels of satisfaction across areas such as consistency of staff, timekeeping, dignity and respect and level of care provided.

- Staff were positive about the registered manager. Comments included, "She's good. I can talk to her" and, "Very supportive. I've never had a better manager."
- Staff meetings took place with minutes seen recording discussion about confidentiality, dress code, medicines and action required when staff are running late for calls.

Working in partnership with others:

- Records showed a good working relationship with the local authority and other agencies such as GPs, pharmacies, and district nurses.