

Mayfair Care Agency Limited

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Inspection report

12 St Matthews Close
Evesham
Worcestershire
WR11 2ES

Tel: 0138641492
Website: www.mayfaircareagency.co.uk

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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 care agency ltd is a domiciliary care service providing personal care to 54 people at the time of the inspection. 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 and their relatives were very positive about the service and the care provided.

People were supported by staff who knew how to keep them safe and protect them from avoidable harm. People were supported by regular staff who knew them well. People received their medicines regularly and systems were in place for the safe management of medicines. Systems were in place to investigate Incidents and accidents, and actions were taken to prevent recurrence. Staff followed infection control and prevention procedures.

People's needs were assessed, and care was delivered by staff who were well trained and knowledgeable about people's care and support needs. 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.

People were cared for by staff who were kind and compassionate. People said staff were patient and caring towards them, and they felt like part of a family. People and their relatives felt involved and supported in decision making. People said staff prioritised their privacy and dignity.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Relatives confirmed staff knew their family members needs well. People's concerns were listened to and action was taken in a timely way.

The management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. The management team and staff communicated effectively and shared a passion for quality care.

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 25 March 2016.)

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.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 June 2019 and ended on 28 June 2019. We visited the office location on 18 June 2019.

What we did before the 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 five people who used the service and four relatives about their experience of the care provided. We spoke with ten members of staff including the provider, registered manager, senior care workers, and care workers.

We reviewed a range of records. This included nine people's care records and medication records. We looked at two 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. We spoke with a diploma assessor who regularly works with staff at the service.

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 now remained the same good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding about protecting people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action. We saw examples where incidents had been reported and these were actioned appropriately. We spoke with the local authority safeguarding team who confirmed concerns were reported and actioned appropriately.
- The registered manager had procedures in place to ensure they met their responsibilities to report any concerns.

Assessing risk, safety monitoring and management

- People said they felt safe with staff and their risks were well managed. One person told us, "I feel so much safer having [staff] with me when I shower, it's such a relief."
- Risk assessments were up to date and gave clear guidance to staff and were reviewed when required. Staff had a good understanding of people's risks and knew how to mitigate them. For example, one member of staff described how they changed their approach at different times of the day to support one person safely. Staff had a good understanding of the person's risks and the information was clearly recorded in the person's care documents.
- The registered manager had a system that let them know if care staff had not attended a visit.

Staffing and recruitment

- People and their relatives told us they always had staff they knew, and they were confident with their skills. One person said, "They never send a stranger I know all [staff] that come."
- People said they were always introduced to new staff before the supported them, and staff said they always completed shadow shifts with experienced staff before they support people.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service. We looked at two staff files and the service were completing safe recruitment practices.

Using medicines safely

- People said they had their medicines when they needed them. People told us there were regular checks completed by senior staff about their medication.
- Staff administered medicines in a safe way, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and had competency checks to

ensure they followed safe practice.

Preventing and controlling infection

- People told us they were confident staff always followed safe practice. They said that staff always wore appropriate gloves and aprons when they should do.
- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.

Learning lessons when things go wrong

- When there were accidents and incidents these were reviewed by the management team to identify trends and any learning from the incident. For example, medicine records were reviewed, and errors followed up with staff, to ensure lessons were learnt and people did not continue to be at risk.
- Staff knew how to report accidents and incidents and told us they were confident they would know any changes to people's care and support as a result.

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 now remained the same 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

- The registered manager assessed, and documented people's needs and preferences in relation to their care and planned their support based on this.
- People's outcomes were good. For example, one person told us about how much better, and more confident in their own home they felt since they had received support from this service.
- We saw tools and information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed induction and training when they first started the role. They said they met all the people who received care before they supported them with experienced staff, who shared best practice knowledge. They had the information they needed to support people well. They also told us they had competency checks so they were confident they were providing effective care.
- We saw ongoing training updates were arranged for staff, and they were encouraged to further develop their knowledge and skills through vocational training. We spoke with the Diploma Assessor and they explained that the registered manager supported staff to achieve their diploma.

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

- Support offered to people varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People said they had the help they needed with their meals and staff listened and respected their choices.
- Staff were knowledgeable about how to meet people's nutritional needs. For example, when needed staff recorded nutrition intake and made referrals appropriately.

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

- People and their families explained they were confident staff would support them to access healthcare services if they needed support.
- We spoke with a member of staff from another care agency that regularly worked with the service. They confirmed there was a positive relationship between the two services and they worked well together in the person's best interest's
- Staff were aware when support was needed to attend a health appointment and worked with the person to meet their needs. People told us staff promptly helped them to see their GPs if they were unwell or

contact community nurses.

- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or community nurses, so people would enjoy the best health outcomes possible.
- We spoke with a health professional [moving and handling expert evaluator] who explained that they worked well with the team and had a good relationship. The health professional told us that staff listened to them and acted on their direction. They also said, the registered manager was quick to update care plans and let staff know any changes, and staff were well trained.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People told us staff would ask for their consent before they supported them. People felt staff respected their wishes and listened to them.
- Staff had an understanding of the Mental Capacity Act principles. The registered manager was looking at updating their skills to ensure she and her staff remained up to date.
- The registered manager was reviewing her systems to ensure they were up to date when she needed 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 good. At this inspection this key question has now remained the same 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 we spoke with told us all the staff were kind and caring. One person said staff were, "All fantastic, I couldn't do any better." All the people said staff arrived when they should and stayed as long as they needed.
- One relative said about staff, "There is a real family feel, they become friends." Other relatives all said the staff were compassionate towards their family members and they knew their family member enjoyed their visits.
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people, they supported. One relative explained all the staff were really patient with their family member which had really improved their well-being.

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

- People we spoke with said they made decisions about their day to day care. One person said, "They [staff] always listen to me and ask what I would like them to do, they always offer to do more."
- People were regularly asked for feedback to ensure they were happy with the care staff provided. One person told us they had made some changes, and these were put in place straight away. They went on to say the management team were really approachable and open for discussions.
- Relatives we spoke with told us they felt involved in the care of their family member and were kept included and updated by staff and the management team.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity and supported them to be as independent as possible. One person said, "They have shown me such respect, I never realised help could be so lovely." Another person said that staff always maintained their dignity by closing their curtains when helping them to get undressed.
- Staff were respectful of people's needs. All the staff we spoke with were passionate about providing quality care.

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 now remained the same 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

- Information was gathered from people and their families to build a detailed picture about each person's care needs, preferences and history. Records contained detailed information for staff on how best to support people with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long-term health conditions. Staff told us they were able to provide personalised care tailored to the needs and wishes of each person.
- Staff had a really good knowledge about people they supported. They always met people before they supported them. People said they always had regular staff who knew them well.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally, staff found different ways to ensure they understood their needs.
- People and their families told us support could be changed when they needed it. One person explained how they made changes when their support was reviewed, and the registered manager would always listen.

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.

- The registered manager was aware of the accessible communication standards and ensured people had access to their information. For example, they had information in different format when it was needed. People and their families told us they had access to information they needed relating to the service they received.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns if they needed to people. All the people told us they had not needed to make any complaints about the service.
- The registered manager had a complaints policy to ensure she acted on concerns raised.

End of life care and support

- Staff told us they supported people with end of life care when this was needed. They were knowledgeable about how to respect people's needs and wishes.

- The management team explained they had involved other agencies to support people who remained in their own homes at the end of their life.

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 good. At this inspection this key question has now remained the same good.

This meant 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; 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

- People and relatives said the management team knew them well and treated them as individuals. People said the management team regularly checked they were happy with the service.
- The management team completed a range of quality audits on a regular basis and we saw actions were identified and addressed to bring about improvements.
- Relatives we spoke with said they were always contacted when there were any concerns about their family member. One relative said about the service, "I know they will always act in [my family member's] best interest and keep me up to date."
- All the staff we spoke with were passionate about the service and the care they provided.
- All the staff we spoke with said there was an open and positive culture, led by the management team. One staff member said about the service, "This is nicest job I've ever had, everyone really cares."

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

- People and their relatives gave positive feedback about the care they received. One person said, "They[management team] check what that [staff] are doing things right."
- The service was led by an experienced supportive management team. Staff were clear about their responsibilities and the leadership structure.
- The management team were clear about their responsibilities for reporting to the Care Quality Commission [CQC] and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff were confident they could speak with the provider if they wanted to escalate concerns.
- The management team constantly reviewed their practice to ensure they were up to date and following best practice guidance.

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

- People and their relatives were encouraged to contribute their views through regular questionnaires. They also said they had regular conversations with the management team when they visited people as they

reviewed their care. We saw positive feedback from questionnaires that was gathered regularly.

- Staff told us they were encouraged to share ideas and concerns to help improve the quality of care. They said they were listened to, and communication was excellent. All the staff we spoke with said they felt valued.

Continuous learning and improving care.

- The management team regularly audited all aspects of their care delivery to constantly keep the care provided under review.
- Accidents and incidents were reviewed, and learning used to inform future plans.

Working in partnership with others.

- The registered manager had established good links in the community to support her provide quality care.
- The diploma assessor we spoke with said the management team worked with them to ensure staff had the skills to provide quality care. They said the registered manager would work around staff to support them to achieve their goals.