

Mayfair Homecare Limited

Mayfair Homecare - Newbury

Inspection report

Unit 8
Kingfisher Court
Newbury
RG14 5SJ

Tel: 0163536810
Website: www.mayfair-homecare.co.uk

Date of inspection visit:
12 November 2019
13 November 2019

Date of publication:
20 January 2020

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 Newbury is a domiciliary care agency providing care and support to people living in their own homes. It provides a service to older adults, people living with dementia and people living with a physical disability. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal support with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 32 people living in the Newbury, Thatcham, Reading and surrounding areas.

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

Since our last inspection, the registered manager had reviewed the provider's recruitment processes. This ensured more thorough checks were made to assure staff employed were of good character, suitable to support vulnerable people in their own homes. People were supported by enough staff who knew them well and how to meet their needs.

The registered manager had improved governance systems to drive effective quality assurance processes and continuous improvement within the service. The management team effectively collaborated with key organisations to ensure the safe and effective delivery of people's care.

People consistently told us they were safe and trusted their care staff. Staff had received required training and understood their responsibilities to safeguard people from discrimination, harm and abuse. Risks to people had been identified, assessed and measures had been put in place to ensure these were reduced and managed safely. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so regularly assessed. Staff adhered to the provider's infection control policy and used the appropriate equipment and clothing, whenever required. Staff had completed food safety training and correct procedures were followed wherever food was prepared. Staff understood their responsibilities to raise concerns about safety incidents and near misses, to ensure lessons were shared and required action was taken to improve safety across relevant parts of the service.

Staff had the necessary skills and knowledge to meet people's needs. The registered manager operated a system of training, supervision, appraisal and competency assessments, which enabled staff to provide good quality care. Staff promoted people's health by supporting people to access health care services when required and by encouraging people to eat a healthy diet.

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.

Staff effectively involved people in decisions about their care, which ensured their human rights were upheld.

Staff consistently treated people with kindness and respect. People were supported to express their views about their care and their wishes were respected. People's privacy and dignity were respected and promoted during the delivery of their care.

People received personalised care that was responsive to their individual needs and preferences. Staff encouraged social contact and companionship, which ensured people maintained relationships important to them. Staff enabled people to raise concerns and complaints, which were used to improve people's experience of the care they received. The service was not supporting anyone with end of life care. However, people had the opportunity to discuss their wishes and preferences in this regard, which were reviewed regularly.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 29 March 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the required improvements had been made and the provider was no longer in breach of regulations.

Since the previous rating was awarded the provider has altered its legal entity. This was just a name change and everything else remained the same in the service. 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 comprehensive inspection based on the previous rating and the change of legal entity. Our previous inspection (report published 29 March 2019) was a responsive, focussed inspection, prompted by the notification of an incident, in which a person using the service was subject to alleged abuse. This incident is still subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of safe care and risk. This inspection examined those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. The previous comprehensive inspection rated the service to be good (report published 24 August 2017). You can read the report from our last comprehensive and focussed inspection, by selecting the 'all reports' link for Mayfair Homecare Newbury, on our website at www.cqc.org.uk.

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.

Mayfair Homecare - Newbury

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

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted to be sure there would be people at home to speak with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 reviewed the notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service.

We contacted local authority teams engaged with the service, including safeguarding and quality assurance teams. We used this information to plan our inspection.

During the inspection

We visited the office location and completed two home visits on 12 November 2019. We revisited the office location on 13 November 2019. We completed surveys of people, their relatives and staff we were unable to speak with on the day of our site visit between 18 November and 25 November 2019.

We spoke with 10 people who used the service and three relatives. We spoke with the registered manager, area manager, care coordinator, team leader and 12 care staff. We reviewed care plans of eight people, including risk assessments relating to skin care, falls management, and nutrition. We also reviewed the daily progress notes and medicine administration records of these people. We looked at 11 staff recruitment files, together with the provider's training and supervision schedules. We also examined other documents relating to the management of the service, including policies, procedures and quality assurance documents.

After the inspection

We spoke with two health and social care professionals. We continued to seek clarification from the provider about evidence found during the site visit and considered further documentation provided by the registered manager.

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 focussed inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment processes, which amounted to a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The registered manager had completed comprehensive checks to assure the provider that safe recruitment practices had been followed. Staff recruitment files now contained the necessary information required to support the provider to make safe decisions about the suitability of staff to support vulnerable people in their own homes. Staff had been subject to Disclosure and Barring Service (DBS) checks, had completed relevant health questionnaires, full employment histories, provided proof of good conduct in previous employment and the right to work in the UK. The DBS supports providers to make safer recruitment decisions to prevent unsuitable staff being recruited to work with vulnerable people. Staff recruitment files had been subject to audit by the registered manager and then by the area manager.
- People, relatives, staff and records confirmed that enough suitable staff were consistently deployed to meet people's needs and to keep them safe.

Assessing risk, safety monitoring and management

- At our last inspection risk assessments were not always completed fully or personalised. When specific risks were identified, care plans had not always provided clear guidance for staff on how to reduce the risk of harm to people. At this inspection required improvements had been made to ensure risks to people were identified and staff were aware of how to mitigate them. Risk assessments had been reviewed and personalised to the specific individual.
- At our last inspection the provider had recently made improvements to care plans, which identified the correct ratio and gender of staff required to meet people's needs. At this inspection we found that this process had been effectively sustained and become embedded practice.
- Staff understood individual risk assessments and could clearly explain how they minimised risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure sores.
- Risk assessments were reviewed regularly with the person, which ensured they were up to date and accurately reflected people's changing needs.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe and trusted the staff who supported them. For example, one person told us, "I always feel that I am in safe hands and they [staff] treat me with such care and kindness."
- People were kept safe by staff who had received appropriate training, understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse.

Using medicines safely

- The provider's policies and procedures gave clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Daily records confirmed that people received their medicines as prescribed and in a manner they preferred.

Preventing and controlling infection

- The service managed the control and prevention of infection in accordance with recognised best practice. Staff had completed relevant training in relation to infection control and food safety.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- Staff had access to the necessary personal protective equipment (PPE) to minimise the risk of infection. We observed staff consistently wearing PPE, such as disposable aprons and gloves, when required.

Learning lessons when things go wrong

- All accidents and incidents were immediately reported to the duty manager, recorded and then reviewed daily by the registered manager.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care.
- Staff raised issues promptly when people's needs changed. For example, where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.

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 comprehensive inspection this key question was rated as good. At this inspection this key question had 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 consistently told us they received effective care and support from staff who knew how they liked things done.
- People and relatives consistently told us that staff had the necessary skills, knowledge and experience to meet people's health and emotional needs. People praised the expertise of staff who provided effective care to meet their needs. One person told us, "I don't know what I would do without them [staff] they know what I need and how I like things done. When I'm poorly they make sure I get looked after by the right people."
- People, relatives and professionals consistently told us staff delivered care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection.
- The registered manager completed detailed assessments to make sure the service was able to meet people's health, care and medical needs. These assessments considered all aspects of people's lives and were regularly reviewed and updated.
- People and their relatives told us they had been actively involved in creating and developing their care plans. People and relatives reported that when their needs changed, their care plans were amended to ensure they received the care they required.
- People's care plans and the support provided were based on current best practice and showed the registered manager and staff clearly understood the person's individual needs.

Staff support induction, training, skills and experience

- The provider operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- New staff had completed an induction process that enabled them with the required skills and confidence to carry out their role effectively. This included a period shadowing senior staff members to introduce them to people and demonstrate how they wished their care to be delivered.
- Staff praised the registered manager, care coordinator and team leader for investing time in their personal development, making themselves available to provide additional training for staff if they were unsure about anything.
- Records demonstrated that the registered manager had identified that supervisions and appraisals had not always been completed in line with the provider's policy. At the time of inspection, staff files demonstrated that staff were receiving regular supervisions, which had been effectively recorded.

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

- Staff supported people to eat and drink enough to maintain a healthy, balanced diet.
- Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions, by consistently following guidance from relevant professionals.
- People and relatives reported that staff actively encouraged people to drink to ensure they were protected from the risks of dehydration.
- We observed staff ensured people had access to their preferred drinks, which were left within their reach, before they completed their visits.

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

- Staff made prompt referrals to GPs, specialist nurses and other relevant healthcare services, which ensured people's health needs were met.
- Staff worked effectively in partnership with healthcare professionals to make sure care and treatment met people's current and changing needs.
- Staff worked together to ensure that people received consistent, coordinated care and support, when they were referred to or moved between different services.

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. At the time of inspection, the service was not supporting anyone who was subject to such an authority.

- People's human rights were protected by staff who had demonstrated a sound understanding of consent and the MCA. We observed staff seeking consent from people using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible.
- People consistently told us they had consented to the care and support detailed within their care plans.

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 comprehensive inspection this key question was rated as Good. At this inspection this key question had 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 experienced caring relationships with staff who consistently treated them with kindness in their day-to-day care. One person told us "I'm very happy. They're [staff] so kind and considerate and we have lovely conversations which brighten up my day." Another person told us, "I've had two male carers who were lovely boys. They [staff] were wonderful and always asked me what I wanted. They always took an interest in me which made me feel I was important to them."
- Relatives consistently praised the caring attitude of the staff and made comments such as, "Nothing is too much trouble and they also make every effort to make sure I'm happy" and "The girls [staff] always cheer us [relative and loved one] up when they come and they're so good, you just feel at ease with them."
- Professionals made positive comments about caring staff interactions with people, which we observed during home visits.
- The registered manager completed observations and sought feedback from people to ensure staff delivered care in a kind and compassionate manner.
- Staff spoke with fondness about people they supported. Staff told us how they had developed meaningful relationships with people and how this motivated them to provide the best possible care to improve the quality of their lives.
- Staff completed equality and diversity training, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender and faith. Staff knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.

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

- Staff developed care plans with people and their relatives. People's changing needs and current preferences were reflected in care plans, which were reviewed regularly. Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.
- People were encouraged and supported by staff to make decisions about their daily care. We observed staff providing information and explanations to people whilst delivering their support, which reassured them.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was embedded in the service culture.
- People consistently felt respected, listened to, and involved in the development of their care.
- We observed that people were supported to promote their independence and encouraged to complete

tasks that they could do, to maintain their life skills.

- Staff understood the importance of making people feel comfortable in their own homes. Staff consistently told us about the importance of respecting people's wishes and privacy.
- Staff were particularly sensitive when people needed caring and compassionate support to explore their needs and preferences and those of their family members. Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.
- The provider stored people's confidential information securely in accordance with legislation. This information was readily available when required to those authorised to have access to it.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as Good. At this inspection this key question had 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; 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

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives.
- People consistently received personalised care that was responsive to their needs. For example, staff responded quickly to changes in people's needs and liaised effectively with health and social care professionals.
- Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated an effective multi-disciplinary approach. For example, staff engagement with community nursing teams and other healthcare professionals.
- People's care plans were person centred and staff understood how people wished to be supported, in line with this information.
- People had choice and control of their care. Staff ensured people were offered choices and they respected people's decisions.
- People were supported to maintain relationships that were important to them.

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 provider was working within the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively. Staff had a good understanding of people's different communication needs. People were provided with information in a way they could understand which helped them make decisions about their care.
- People had individualised documents which provided detailed information about their communication needs, to inform other professionals how to communicate with people.

Improving care quality in response to complaints or concerns

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

- There were effective systems in place to deal with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made to.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- There had been seven complaints since our last inspection, which had been dealt with in accordance with the provider's policy.

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.

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 focussed inspection this key question was rated as Requires Improvement. At this inspection this key question had now improved to Good. This meant people were safe and protected from avoidable harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

At our last inspection, the provider had failed to effectively operate quality assurance processes. Governance and performance management of the service was not always reliable. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection there were clear quality assurance and governance processes in place, which were effectively operated by the registered manager, overseen by the area manager. We reviewed staff recruitment files, competency spot checks, people's care plans, risk assessments, daily records and medicine administration records, which had been subject to recent quality assurance audits by the management team. These audits accurately reflected the quality of the records and clearly identified deficiencies and areas for improvement. Where required improvements had been highlighted, these were subject to action plans, which were monitored to ensure the necessary improvement occurred.
- The registered manager had improved the assessment and monitoring of the service, to ensure that where any errors or deficiencies occurred in one file, others were also checked to ensure the identified problem was not a systematic failure.
- The management team had improved the supervision and support provided to staff, who now experienced regular supervisions and spot checks. Supervisions and appraisals now contained detailed information. Where issues had been raised by staff or management, the supervision records consistently showed that management had acted on the concern, if it had been resolved or was still being addressed.
- The provider held weekly governance meetings with the registered manager, where significant events were discussed to identify areas for improvement.
- There was a clear management structure within the service. The registered manager was highly visible and provided clear and direct leadership, which inspired staff.
- The management team had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported. People and staff consistently described the management team as good role models.
- The registered manager was aware of their responsibilities to report significant events to the Care Quality Commission (CQC) and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

- The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.

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

- The registered manager spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes. People consistently told us their views were regularly sought, listened to and acted upon. One person told us, "They [staff] are all lovely people. They [staff] always ask if there is anything they can do for me to make things better and [named coordinator and team leader] are very kind and responsive."
- Staff consistently told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.
- The provider carried out formal quality assurance surveys to obtain the views of people and their families.
- Staff told us that adhering to professional boundaries was always discussed during team meetings, to ensure people received a high-quality service.

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

- The registered manager, care coordinator, team leader and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised.
- People received a service where caring values were embedded into the leadership, culture and staff practice.
- Staff were committed to ensuring people came first and received care that was tailored to their individual needs and achieved good outcomes for them.
- People trusted the registered manager, care coordinator and team leader because they responded quickly when they contacted them. They consistently described the service as well managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy relating to the duty of candour and understood the importance of honesty and transparency, when investigating something that goes wrong.
- The registered manager assumed responsibility when concerns had been raised. People told us the registered manager quickly addressed their concerns and readily apologised if mistakes had been made.

Working in partnership with others

- Health and social care professionals consistently told us the registered manager actively sought their guidance and engaged in effective partnership working with multi-disciplinary teams.
- The registered manager had worked together with local care quality teams to improve the quality and safety of care provided by the service.
- Staff worked together to ensure that people received consistent, coordinated care and support, when they were referred to or moved between different services.
- People consistently praised the support they received when being referred to healthcare professionals and when being admitted or discharged from hospital.