

Mayfair Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 19 February 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people and we needed to be sure someone would be available at the office. The provider is registered to provide personal care and support to people who live either in their own home or live with a family member. At the time of our inspection 73 people received care and support.

There was a registered manager in place for this service. 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 family members were confident in the service provided and told us they were well cared for and supported by staff members. People told us they were treated with respect and their dignity and privacy was upheld by the staff who cared for them. People received care and support from regular staff members who they liked and found to be caring and kind.

Staff had knowledge about people's care needs and how these were to be met. People's consent was obtained before care and support was provided. People and their relatives were aware of how they could raise concerns about the service provided.

Staff were aware of the actions they would need to take to report abuse and concerns regarding people's welfare. Staff were able to explain how they kept people safe from harm and risks. People were supported to take their medicines as prescribed and staff supported people to have their healthcare needs met. Some people needed assistance with eating and drinking and were supported by staff to do this.

Before new staff started working for the provider checks were carried out. Induction training was in place to support new staff members. Induction training including spending time with experienced members of staff and getting to know people who used the service was in place.

Systems were in place to monitor the care and support provided. When shortfalls were identified these were addressed as part of the checks made by the management. Staff reported they felt well supported by the registered manager and were complimentary about the management.

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.

People told us they felt safe when they received care and support. People benefitted from receiving care from regular staff who knew their care needs and identified risks. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew how to meet their needs. People were supported with their healthcare needs and dietary needs as required. People's right to make decisions were respected and their consent was sought before care was provided.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were caring. People's right to privacy and dignity was respected while they received personal care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and reviewing the care provided. People were confident any concerns they raised would be responded to appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff were supported by the registered manager. Systems were in place to monitor the quality of the service. Staff were supported by the registered manager.

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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 took place on 19 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We looked at the information we held about the provider and this service, such as incidents, deaths or injuries to people receiving care, this includes any safeguarding matters. We refer to these as notifications and the registered provider is required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service provided. The local authority is responsible for monitoring the quality and funding for some people who use services.

We spoke with five people who used the service and five relatives. We spoke with six members of staff, and the registered manager.

We looked at the records of three people as well as medicine records, staff records and training records. We also looked at quality audits completed by the manager and other members of staff.

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt safe when they or their family member received care and support from staff who worked for the registered provider. One person said to us, "Without any doubt I am safe when they (staff) are with me" and added, "They are so good." Another person told us they would not want to change from Mayfair Care Agency because they felt safe with them. A relative told us they believed their family member to be, "Absolutely safe" and "[person's name] is most certainly safe with them (staff)". Another relative told us, "[person's name] has benefited tremendously by the service they received. I know [person's name] is safe." A further relative told us, "We see them (staff) as part of our extended family." This was due to the trust they placed into staff who were visiting their family member.

People we spoke with told us they received care and support from staff they knew and trusted. One person told us they felt safe with the service they received because, "I have the same people" who visited and provided care and support. The same person told us, "It all works very well" and, "They arrive on time more often than not. If they are going to be late they will ring me up." Another person told us, "They (staff) will ring if they are going to be late but that hasn't happened very often." Staff we spoke with told us they would either contact the office staff or ring the person directly if they were going to be late for any reason. This was done to reassure people they were on their way or so the registered manager could make alternative arrangements if needed to ensure people's care needs would be met in a timely way.

All the staff we spoke with knew of their responsibility to report any concerns they had regarding people's safety such as in the event of suspected abuse. One member of staff told us, "If I was worried I would raise concerns with my senior and they would follow this through. If I wasn't happy I would speak with the local authority." Another member of staff told us, "I would go straight to the manager or a senior." The registered manager told us they wanted to provide the best possible care for people and told us, "We want to make sure it's (the care and support provided) the best we can do." We found they were aware of how to contact the local authority if the need arose to inform them of any safeguarding concerns regarding people they provided care and support for.

The registered manager told us they had experienced difficulties in recruiting staff and as a result staff had worked additional hours to cover the visits scheduled to take place. The registered manager told us as a result they were not taking on any new care packages. While at the office we heard them on the telephone informing a caller they had no capacity to accept additional people who were in need of care and support. Staff told us although busy they were able to manage to get to people on time and had sufficient time between visits to travel to make sure they arrived on time at people's home's.

Risk assessments were available at the office and covered a range of potential risks to people and staff members. These assessments included areas such as moving and handling, medicines and environmental risks. One member of staff told us, "I always check the hoist to make sure it's safe to use." Staff we spoke with told us if they needed to have a risk assessment reviewed or amended due to a change in a person's circumstance a senior staff member would visit. This was to reassess the risk and make the necessary changes to the assessment. Staff told us they were made aware of any changes to risks with people's care by

either a senior staff member or another member of staff to ensure they had up to date information.

Some people who used the service required support with the administration of their medicines and the application of prescribed creams or ointments. We spoke with people who required assistance or prompting with their medicines. People told us they received their medicines correctly and as prescribed by their doctor. Staff confirmed they had received training in the administration of medicines and felt confident to support people with these. We saw senior staff had carried out competency checks on staff member's medicines practices as part of the spot checks made while they were working with people.

Staff told us any changes in people's medicine records would be carried out by a senior staff member who would visit people's homes to do this. One member of staff told us they would not be able to administer a person's new medicine until they were authorised to do so by a senior member of staff.

The registered manager had systems in place to ensure new potential members of staff were suitable to provide care and support to people. We saw application forms were completed and people had attended an interview to discuss their suitability to work with people. The registered manager had sought references from previous employers and a Disclosure and Barring Service (DBS) check had been undertaken. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with a newly appointed member of staff who confirmed they had attended an interview and that a DBS check was carried out before they commenced working for the registered provider.

Is the service effective?

Our findings

People we spoke with told us staff who provided care knew them well and understood their care and support needs. People told us staff knew what they were doing and how best to support them while they provided care. One person told us, "Staff know what they are doing. They come back from holiday and get back into the routine I like straight away." Another person told us, "They know me so well". A relative told us their family member had needed a professional assessment to ensure equipment provided was used correctly. We were told all the staff involved in their family members care received suitable training to ensure the equipment was used in a safe way to meet their family member's needs.

A newly appointed member of staff told us they had undertaken induction training and worked alongside experienced members of staff when they first started working for the registered provider. They told us, "I have done loads of training. I know how to use a hoist safely without any dangers." They added, "This is done to make sure people get the best possible care."

Staff we spoke with felt well supported by the registered manager and told us they received regular training and training up dates. One member of staff told us they had got behind in their training but believed they were now up to date with it. Staff told us they felt sufficiently skilled to provide the care and support needed for people they were visiting including training in the Mental Capacity Act 2005 (MCA).

The 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. We checked whether the service was working within the principals of the MCA.

People we spoke with told us staff always asked for their permission while they supported them. Staff we spoke with were aware of people's right to refuse care. Staff were confident people they visited had the ability to say no to any care and support they were scheduled to provide and told us they would always ensure people consented to their care. One member of staff told us, "We explain what we are doing and get consent. I wouldn't just do something." Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The registered manager confirmed they had not needed to make any applications to the Court of Protection for approval to restrict the freedom of people who used the service.

Staff told us they supported some people with the preparation of their meals. People we spoke with were happy with the arrangements and confirmed staff provided the assistance they needed to ensure they received food and drink. One member of staff told us they always encouraged people they were visiting to drink and ensured they had access to a drink before they left their home.

People told us they sought support from their family members if they needed to do so in relation to any healthcare matters. People were confident staff would assist them if needed. Staff told us they had previously needed to contact emergency service when they had found people to be unwell on arrival at people's own home. Staff told us they would remain with people and let the office staff know they would not be able to make their next visit if waiting for an ambulance to attend. One relative confirmed staff had waited with their family when they had been taken ill until they arrived.

Is the service caring?

Our findings

Everyone we spoke with was complementary and positive about the care and support provided by staff. One person told us, "The staff are without exception, very nice. They are all very nice to get on with." Another person told us, "Staff are lovely. I am very lucky to have them." Two people both described the care they had received as, "Excellent". A relative told us they were, "One hundred percent satisfied with Mayfair." The same person added, "We can't fault them. They are far above the rest."

People told us they felt it to be important they received care from a regular team of staff so they knew their likes and dislikes and how to care and support them. One person told us because they received regular staff it felt as if, "They blended in" with the family home. Another person told us it was important to them they knew who was due to visit and therefore liked to receive a programme from the registered manager of who to expect. A relative told us regular staff visited their family member. They explained this was important, due to a medical condition, their family member had and their need to be able to identify and recognise them.

People told us staff provided the care and support they required. For example one person told us staff always made sure they family member was dried properly following a shower to make sure they were not at risk of sore skin. The same relative described the staff as, "Thoughtful" in the care they provided. People told us staff encouraged them to be independent and maintain their own skills where possible and that staff would assist as needed to ensure people were safe and had their needs met.

People confirmed staff who visited them were respectful at all times and maintained their privacy and dignity. For example people told us that staff always shut their bedroom door and curtains before they provided any personal care. One person who used the service told us, "They (staff) are always so respectful when in my house." Another person told us about the care and support they received and said, "They (staff) do it with dignity. I have never had any concerns about them caring for me. A relative told us, "The privacy and dignity is very good. My [person's name] never complains and is very particular about this."

Is the service responsive?

Our findings

People we spoke with felt involved in their own care and in the decisions made about the support they received. People told us they had a care plan in their home and they were aware they could read it and be involved in it. People told us they had in the past been involved in reviews of their care plan to ensure their needs were identified and how these were to be met by staff who visited them.

People and their family members confirmed staff arrived on time and provided the care and support needed. Staff were aware of people's care needs. One member of staff told us, "I know what I have to do in the calls as I have been going for a while. I can ring a senior if unsure about anyone."

People told us they were introduced to new members of staff by a senior staff member before they started work. Staff told us people's care plans had been reviewed and updates had recently happened as they had not been up to date. Staff assured us they were made aware of people's current care needs and were informed of any changes by a senior staff member or another member of staff. We spoke with staff and they were able to describe the care and support people required.

People told us they were cared for by staff who responded to their individual needs. People told us they were able to make changes to their visits if needed or made alternative arrangements. One person told us, "I must telephone the office and cancel my lunch time call. I have found them so very nice when I need to do this." Relatives we spoke with told us they had increased for short periods of time the number of visits provided when they or their family member had needed additional care or support. A relative told us, "People at the office are responsive if I need to change" when they had needed an additional service to be provided.

People we spoke with were happy with the service they had received from the registered provider and staff who worked for the agency. People we spoke with knew they could contact the registered manager at the office in the event of them having a concern about the care and support they had received. One person told us, "I have never needed to make a complaint. I hope they would listen, I am sure they would." Another person told us, "I have no grumbles whatsoever. I am sure they would listen if I did." A further person told us, "In no way could I complain about the service I receive."

The registered manager had not received any complaints about the service they had provided. We were assured any complaints would be taken seriously and suitable action taken to resolve the issue raised.

Is the service well-led?

Our findings

People we spoke with believed the service to be well managed and spoke highly of the registered manager. One person told us, "People at the office are super". A relative told us the registered manager had always listened to them when they had rung the office and had found them to be supportive. The same relative described the registered manager as, "Very good".

Staff told us they liked working for the registered provider. One member of staff told us, "It's a happy company. I hope to be working here for some time to come." Another staff member told us, "The manager is very fair. You can tell it's a family run business because they care." A further member of staff told us, "This is the best company I have worked for."

The registered manager had a good knowledge of the care needs of people who were in receipt of care and support from staff. We found they were able to describe people's care needs and were aware of the number of calls each person received on a daily basis. This provided the manager with an overview of the services they managed to make sure people received a good standard of care.

Staff told us they had attended one to one meetings. During these meetings they could discuss any concerns they had with the care they provided as well as their individual training needs to benefit staff and outcomes for people who used the service. Staff also confirmed checks were undertaken by senior staff to ensure they provided the care and support people required to meet their individual care needs. Staff valued the feedback they received following these checks.

We saw audits had taken place. These covered areas such as care plans and medicine records. As a result of these audits areas needing improvement were identified. For example gaps in the medicine records where staff had omitted to either sign for a medicine administered or record a code why it was not administered. Although audits had identified areas where improvement was needed they did not show the action taken to address these areas. The registered manager told us these areas were addressed as part of their spot checks.

Reviews of the care and support provided for people had taken place and had at times identified changes where different strategies had been identified in order to meet people's needs. Changes in people's needs had not always been made within the care plan and the registered manager was working on these. However, staff we spoke with were aware of people's care and support needs.

Staff we spoke with were confident they had the skills and knowledge to meet the needs of people they were caring for. The registered provider had introduced a system whereby they intended to monitor staff while they were carried out tasks such as moving and handling when they were caring for people.

Staff confirmed staff meeting had taken place in the past. Staff told us they were able to participate in these meetings and found the registered manager to be open to suggestions or ideas as to how to develop the service to improve outcomes for people who used the service.

Comments from people who used the service were obtained as part of the reviewing of care plans. The registered manager was aware of the need to seek views of people who used the service as well as other people such as relatives and professional.