

Mayfair Homecare Limited

Mayfair Homecare Surrey

Inspection report

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Date of inspection visit:
25 October 2021

Date of publication:
02 December 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mayfair Homecare Surrey is a domiciliary care provider, providing personal care to people living in their own homes. This included people who were elderly and frail, had specific health needs or were nearing the end of their life. Not everyone using Mayfair Homecare Surrey received a regulated activity. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, 64 people were receiving support with the regulated activity from the agency.

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

People told us although staff were kind and caring, their experience of the agency as a whole had deteriorated recently. They said staff were late, care visits' times changed without notice, visits were cancelled and some people had been given notice by the agency. People reported staff were unhappy and leaving, which meant they were losing staff who had got to know them. One person told us, "They cancel my calls at the last minute."

Although people received their medicines as prescribed, records in relation to these were not well maintained which meant the agency could not safely say people always received the medicines they required in line with their prescription.

The agency had merged with another branch and taken over an additional domiciliary care agency. Following this, many staff had left which had resulted in staff shortages, additional workload for remaining staff and staff feeling demoralised. This had been noticed by people receiving the care. One person said, "Some carers who come to me are actively looking for new employment opportunities elsewhere."

People were involved in their care and made their own decisions and some people said their individual needs were met. They told us staff respected them and helped them remain independent. People said staff always wore appropriate personal protective equipment when attending their calls and they felt staff were competent in their role.

Records in relation to people's care were detailed and contained information for staff to enable them to respond to people's needs. Staff recognised where they needed to change their response to meet people's communication needs and what people's likes or dislikes were, for example in relation to their food.

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 told us they knew how to raise a concern or a complaint and said these were responded to. People were regularly asked for their feedback on the quality of care they received. Where negative feedback was

received, the agency acted on this.

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 the service under the previous provider was Good (published 23 May 2019).

Why we inspected

The inspection was prompted in part due to the feedback we received through our direct monitoring approach. Staff told us there were insufficient staff available to carry out care visits. People told us their visits were being cancelled at short notice. We also heard that for a period of time during September 2021, people did not have medicine record in their homes for staff to sign when medicines had been given.

We also planned this inspection, as the service has not been inspected since the change of provider in May 2020.

Although we found no evidence during this inspection that people were at immediate risk of harm from the concerns we had received, we did find that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing levels, medicines practices, responsive care and governance. You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mayfair Homecare Surrey

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 service was inspected by two inspectors.

Service and service type

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

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 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.

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 all of the information we held about the service. This included notifications submitted to us relating to accidents, incidents or safeguarding concerns.

We had also carried out a direct monitoring call with the registered manager on 16 September 2021. As part

of this monitoring approach we spoke with six people, one relative and nine staff. We also received feedback from a social care professional and one person receiving care.

We used all of this information to plan our inspection.

During the inspection

We received supporting evidence prior to our site visit which included staff rota's, medicine administration records and governance information.

We spoke with three people and a further three members of staff as well as the registered manager, care coordinator, care director and regional manager.

We reviewed a range of records. This included 10 people's care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service which included staff training information.



Is the service safe?

Our findings

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

The last rating for this key question was Good (published 1 May 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service had not sustained the previous rating. This key question has been rated Requires Improvement. This meant some aspects of the service may not always be safe. There was an increased risk that people could be harmed.

Staffing and recruitment

- Although people told us staff stayed the time they were expected to, we heard from some people staff were often late. One person told us, "They are consistently late."
- People said they were not always warned that visit times had changed. One person said, "I will phone the hub because no one has turned up and they tell me, 'the times have been altered' but they don't tell the client." People did say however, that staff came, "Eventually" and they had not experienced a missed call.
- The agency had taken over the Woking branch a year ago, which had increased their client base substantially. In addition, they had recently acquired a smaller agency, also based in Woking. Nine staff had been transferred over, however seven had left. This had impacted greatly on the service and created staff shortages and additional workload for the remaining staff.
- Staff told us they felt under pressure and were consistently being asked to cover additional care visits. The feedback we received from staff was, "There is an expectation to take on extra work," "We're rushed; we're always covering extra calls," "Rotas change and you don't realise until you log onto your phone" and, "We need more staff."
- The registered manager explained they had been experiencing issues with staffing recently as a result of sickness, annual leave and staff leaving. They said, "At the moment, I feel the service is safe. Safety is my priority. But I need to continue to hand packages back because I have other staff leaving and it will become unsafe if I don't." The result of this was people being let down at short notice by the agency and staff telling us morale was low as they felt overworked and stressed due to having to pick up extra care visits.

The lack of sufficient numbers of staff was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were recruited through a robust process. Prospective staff completed an application form, gave evidence of right to work in the UK and provided identification. Staff also underwent a Disclosure & Barring Service (DBS) check which helped the registered manager to establish if they were suitable to work in this type of a setting.

Using medicines safely

- People told us they received the medicines they required. One person said, "They [staff] prompt me with my medicines." Another said, "They give me my medicines and check I've taken them."
- However, as a result of a lack of staff, some people's September 2021 medicines management record

(MAR) were delivered to their homes two weeks late. Staff had been informed of this and they were asked to record people's medicines on the daily notes. This resulted in dispensed medicines not being recorded on the person's MAR in line with national guidance.

- The MARs for some people were very disorganised and difficult to decipher as a result of the lack of ensuring people had their MAR available for staff to complete. Although we did not have any concerns that people had not received their medicines, the agency could not be assured that people were always getting the medicines in line with their prescription.

The lack of following guidance in relation to medicines administration was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people had been identified, although some information around responding to those risks lacked consistency. One person suffered from epilepsy. There was epilepsy and seizure guidance for staff in their care plan, however a dedicated risk assessment in relation to this had not been completed.

- A second person had been diagnosed with Parkinson's, but their care plan and risk assessments had not yet been updated to reflect this. The registered manager told us, "Usually we would get out to [person] within a week, but we are just so short staffed." However, we were told staff had been informed of this person's diagnosis, although evidence to support this could not be located on the day.

- Other people's care records contained good information relating to their risks. Such as one person who was at high risk of falls due to a health condition. Staff were reminded to ensure the person used their walking frame when mobilising. Another person had a catheter and staff were provided with clear instructions around this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel comfortable with them [staff]."

- Safeguarding concerns were reported appropriately to the local safeguarding authority and staff were able to describe the different types of abuse. A staff member told us, "We have to report any concerns back to the office."

- Where safeguarding alerts had been raised, the agency worked with the local authority safeguarding team to fully investigate the concern and action taken when appropriate.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff told us they had access to sufficient quantities of PPE and people confirmed staff wore masks and gloves when attending to them.

- We were assured that the provider was accessing testing for staff working at the service.

- Staff had received training in infection control and the safe use of PPE. A staff member said, "We had training for COVID and how to keep people safe."

Learning lessons when things go wrong

- When people had accidents and incidents, staff completed an incident form which was sent into the office. These were reviewed and signed off by the registered manager, then sent to head office.

- Regular analysis of accidents and incidents were completed, and lessons learnt, and action taken in response. For example, additional moving and handling training had been provided to staff following a rise in falls.

- As a result of people's MAR charts being delayed a tracker had been introduced. This ensured that anyone in the office was able to identify those MARs that had been signed off and distributed and those that still

needed to be checked. The registered manager said, "It means that at any time anyone knows what the situation is, and it will prevent the same thing happening again."

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.

The last rating for this key question was Good (published 1 May 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service has sustained the previous rating. This meant people's outcomes were 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 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.

We checked whether the service was working within the principles of the MCA .

- People's liberty was being protected. A staff member told us, "We talk our way through whatever we are doing to ensure people are happy and consenting."
- People had signed documentation to consent to receiving the care package and there was evidence of people's involvement in their care plan.
- Where people had representative's acting on their behalf, care plans were clearly documented in this respect and evidence of this authorisation included.

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

- People told us staff supported them with their food, which included helping them with shopping or preparing meals. One person said, "They [staff] provide my food."
- People's likes, dislikes and dietary requirements were clearly recorded in their care plans. For example, one person was a vegetarian and staff assisted them to make appropriate choices. Another person like milky coffee for breakfast.
- Where people had specific dietary requirements, information was made available to staff. For example, staff were instructed, 'soft food diet (nothing chewable). Position me correctly for feeding to reduce the risk of choking'.

Staff support: induction, training, skills and experience

- Staff said they received the training they needed and felt confident in carrying out their roles. People told us they felt staff were competent, with one person telling us, "They are very efficient."
- Staff underwent a robust induction programme when commencing with the agency, which included e-learning, face to face training and shadowing (working alongside) a more experienced member of staff.
- Staff training records showed staff were up to date with training. The registered manager explained the internal training system alerted them when training was due to expire. This enabled them to contact staff to complete their refresher training, as unless they were up to date with training, they could not work. A staff member told us, "I've recently re-done my moving and handling."
- Staff said they had the opportunity to meet with their line manager to discuss their role, concerns or personal progression.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Where people required the input of a health professional, staff made appropriate referrals, or liaised with the person's GP. One person used homely remedies for painful joints and the agency contacted their GP to ask for these items to be added to their regular prescription. There were many examples of care equipment being ordered for people when needed.
- Staff supported people to their healthcare appointments. One person told us, "[Person's name] has to go to hospital appointments and the carers take her."
- Individual needs pre-assessments were seen in people's care plans. These were drawn up by the care agency or the funding authority. The funding authority's assessment was used by the agency to build a person's care plan recording people's needs, care requirements and any health conditions they had. One person said, "A lady came to discuss my care package."

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.

The last rating for this key question was Good (published 1 May 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service has sustained the previous rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were involved in their care planning and asked about their preferred routines. One person told us, "On the whole I make my own decisions and staff ask me first what I want." A second person said, "It's up to me to say [what I want]." A third told us, "They carers have always been really nice."
- People were involved in reviews of their care plan and had signed reviews or changes to their care packages, demonstrating an involvement in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and dignity. One person told us, "Staff are kind, caring and respectful. I am extremely pleased with the staff." A second said, "They [staff] treat me very nicely." A third told us, "I have built up a very good relationship with them."
- Care plans recorded where people could carry out tasks independently. For example, where people could get into a bath independently or dry themselves.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff's interactions were kind and caring. One person said, "They [staff] look after us very well. All very pleasant, very caring."
- People said staff supported them emotionally, with one person telling us, "We have a bit of a laugh." A second person told us, "They are absolute darlings. I don't know what I would do without them."
- One person said they were well treated, telling us, "They know me well and how I like things doing."
- However, despite all the positive comments we received from people in relation to the staff and their caring and dedicated natures, we heard that some people had been given notice of their care package and calls were cancelled at short notice due to staffing issues. We have reported more on this under our key question of Well-led.

Is the service responsive?

Our findings

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

The last rating for this key question was Good (published 1 May 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the rating for this key question had deteriorated to Requires Improvement. This meant people's needs may not always be met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People did not always receive person-centred care and people's feedback confirmed this. One person said, "I wait nine hours between my breakfast call (care visit) and tea call and then an hour later they are back for my night call. I would like the times to be spaced out." A second person told us they had struggled on but had not been getting the care that they should have been getting.
- Other people told us they did not always see the same staff due to staff leaving and calls were cancelled at short notice. One person told us, "The care provider has suggested that they could not give the care me my needs and that I should seek a new care provider" and that, "I've just had a call today telling me they cannot send anyone tonight, tomorrow night or Saturday night." A second person told us, "Today they cancelled my afternoon call."

Care not being planned in a way that meets people's needs and preferences was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people however gave us more positive feedback about the care they received. One person told us, "They wash me and always make me a coffee." A second person said, "Sometimes I'm a worrier, but they reassure me." A third said, "They know what they are doing, and they take their time with me."
- People's care plans included their life history which helped staff get to know people. They also detailed people's preferred routines. Such as one person who liked to go out with staff as they did not like going out on their own. Staff accompanied them grocery shopping once a week visiting a café afterwards. The registered manager said, "A couple of weeks ago, staff put all the social hours together for one person to take them up to London. He loved it and it really made a difference to his mood." One person said, "They have helped me beyond belief."
- We saw social care correspondence in people's care plans when people's needs changed and additional care hours were required in order to ensure people received the correct level of care.
- Where people were nearing the end of their life, care plans included detailed advice and guidance for staff on how to keep the person comfortable. The agency worked with the local hospice as appropriate to support people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we read complaints had been investigated and responded to. One person had complained about the quality of care they received and there was evidence of this being

followed up by the agency and head office.

- People told us they would know how to raise a complaint or concern. One person said, "I've told the carers and reported it to the office. They're doing their best." A second told us, "Any issues, they've responded."
- We read some compliments received by the agency, which included, 'both [staff names] were very professional today'.

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.

- Staff were guided on how best to communicate with people. For example, reminding them to lean or kneel to ensure they are in line with a person's ears.
- One person had recorded in their care plan, 'It can take me longer to process what you are saying to me. You may need to re-phrase it so I can understand'.

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.

The last rating for this key question was Good (published 1 May 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service had not sustained the previous rating. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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, Continuous learning and improving care

- Following the staffing shortages created from the amalgamation with the Woking branch and the acquisition of another agency, the registered manager felt they had not been immediately supported to hand back care packages which had led to the current situation. They said, "I have wanted to hand packages back and up until now I couldn't. That is changing with the care staff that are leaving. They [the provider] have had to acknowledge that we cannot manage." So far, they had given notice to 15 people and a further nine care packages were to be cancelled. One person told us, "We have been given notice by the agency. Now we need to try and find another company."
- People and staff reported a previously good and well-organised service but told us they had been affected by the changes to the agency. People said they were being given notice by the agency. Although people's care packages had been terminated in line with their contract, there had been no discussion between them and the agency prior to a notice period being given. One person told us, "I got a call this morning to say they were dumping us. It was totally out of the blue. Even the girls [staff] didn't know about it. Now I have two weeks to try and find someone else."
- We heard how the current service provided by the agency did not always achieve the desired outcomes for all people. People told us the agency was not as reliable as they used to be. One person said, "It was better before but there are staffing issues." A second person said "Since they bought the other company, it's been mayhem. Some of the good carers are leaving. The girls [staff] are very unhappy." A third told us, "The office fail them [staff]. It has deteriorated by 70% in the last four months."
- Office staff members were trained carers and as such had been covering some visits. However, this was not always a positive experience for people with one person telling, "The manager will come and do the calls, but she spends the whole time huffing and puffing. She clearly does not want to be here."
- Staff felt demoralised. Feedback we received included, "There is a lot of stress", "Communication isn't too great. It's worse since we took over the Woking branch. We ring up and messages don't get passed on," "They [the office] take you for granted," "Head office don't care. They are purely looking at numbers. I am in

the process of leaving because I'm not happy."

- Staff also said since the merger the 'family' feel to the agency had changed which affected the culture and person-centred approach which they once felt the agency displayed. This was borne out by the feedback we received from people in relation to late calls and calls being cancelled at short notice. One staff member told us, "When it was the branch office, they were good at making calls and keeping in touch with us. There was always someone we could talk to. That has changed since we merged."
- We were aware of staff who were ill being asked to continue to work, as staffing levels were an issue. One staff member had been diagnosed with a skin condition and had been signed off work by their GP. However, they were told to continue working by the registered manager. A second called in sick due to diarrhoea. This staff member was asked to, 'take some medicine and go to his calls 30 minutes later'.

The lack of good governance within the agency was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where concerns were raised, we read apologies were given and the manager took responsibility to follow up on these concerns.
- The registered manager was aware of their regulatory requirements. They had submitted notifications of significant events in the service to CQC as necessary.
- The provider was actively trying to recruit new staff and had an on-going recruitment drive. They worked with the local authority in relation to taking on or handing back care packages.

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

- People said they saw office staff on occasions, with one person saying, "They come and check on you." A second person told us, "[Staff name] comes out frequently."
- Regular monitoring calls were held with people. These were generally carried out by telephone. People's feedback was recorded and any concerns followed up on.
- Annual surveys were completed and we reviewed the outcome of the December 2020 one in which 30 people responded. Feedback was good and 93% of those responding felt satisfied with the care they received from the agency.
- Two people were less happy with support from the office. This had resulted in a discussion with office staff, reminder of professional behaviour and the organisations customer service policy being re-shared.

Working in partnership with others

- The agency worked with the local authority in relation to any safeguarding concerns. There was also involvement with the local hospice and other external health care professionals, such as the GP or district nurses.
- Where one person was at risk due to their smoking, the agency had contacted the local fire brigade to carry out a home visit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured people always received person-centred, responsive care. |
| Regulated activity | Regulation |
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not complied with good medicines administration guidance or included sufficient information about people in relation to any risks. |
| Regulated activity | Regulation |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure there were good governance arrangements in place. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider had not ensured there were a sufficient number of staff to provide care to people. |

