

Sevacare (UK) Limited

Mayfair Homecare - Basingstoke

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 31 August 2017, 1 and 8 September 2017. Mayfair Homecare provides a domiciliary care service to enable people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 92 people using the service, who had a range of health and social care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions and mental health diagnoses. At the time of the inspection the provider deployed 35 staff to care for people and meet their individual needs.

The service had a registered manager who was appointed on 24 June 2016. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 valued their relationships with their allocated staff and felt that they consistently went 'the extra mile' for them, when providing care and support. As a result, they felt really cared for and that they mattered.

The service consistently provided outstanding end of life care which ensured people experienced a comfortable, dignified and pain-free death. Staff also cared for and supported the people that matter to the person who was dying with empathy and understanding.

People were supported by staff who made them feel safe. People and relatives told us the continuity and consistency of staff was very good, which reassured them and lessened their anxiety. People were kept safe by staff who understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse.

People's support plans and risk assessments identified how potential risks should be managed to reduce the likelihood of harm occurring to people. Staff understood the risks to people and provided their care safely in accordance with their support plans.

The registered manager and care coordinator completed a daily staffing analysis to ensure there were sufficient staff available to meet people's needs. Staff had undergone relevant pre-employment checks as part of their recruitment, which had been verified by the provider. People were protected from harm because the provider had assured that staff employed were of suitable character to support people safely.

People's medicines were administered safely, by trained staff who had their competency to do so regularly assessed by managers.

Staff had the required skills and knowledge to provide the support people needed. Records demonstrated that required staff training was up to date which ensured that staff had been supported to gain the

necessary skills required to meet people's needs and to maintain them.

The management team effectively operated a system of spot checks, supervision, appraisal and monthly meetings which supported staff to deliver care based on best practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

People were protected from the risks of malnutrition and supported to eat a healthy diet of their choice, by staff who had completed training in relation to food hygiene and safety.

Staff demonstrated concern for people's wellbeing in a meaningful way and responded to their healthcare needs quickly when required.

Staff had developed caring relationships with people and knew about peoples' needs and the challenges they faced. Staff understood people's care plans and the events that had informed them.

The registered manager was committed to ensuring people were involved as much as they were able to be in the planning of their own care. There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice.

Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views.

Without exception, relatives of people being supported to live with dementia praised the continuity and consistency of staff provided to support their loved one.

People received person centred care that was responsive to their needs and focussed on them rather than the requirements of the service. People's needs were assessed and regularly reviewed to ensure their care and support was responsive to changes identified.

The management team sought feedback in various ways such as quality assurance visits, satisfaction surveys and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions.

People had a copy of the provider's complaints procedure in a format which met their needs. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives felt that staff listened to their concerns, which were quickly addressed.

Without exception people and their relatives praised the quality of the support they received and told us that the service was well-led.

The provider had adopted a clear set of values based upon caring passionately about people, supporting and enabling them to live life to the full and delivering person centred care which met their needs.

The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities.

The registered manager effectively operated systems to assure the quality of the service and drive improvements. The provider ensured the service delivered high quality care by completing regular audits, site visits and reviewing the registered manager's weekly monitoring report, which detailed all significant events. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

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 were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk.

Risk assessments were created to protect people from harm whilst promoting their independence.

Sufficient suitably qualified staff were deployed to meet people's needs safely.

People's medicines were administered safely by staff who had completed safe management of medicines training.

Is the service effective?

Good 

The service was effective.

Staff received appropriate training and supervision to enable them to effectively meet people's assessed health and care needs.

People were supported to make informed decisions and choices by staff who understood legislation and guidance relating to consent and mental capacity.

People were encouraged to maintain a nutritious, healthy diet and identified dietary needs were managed effectively.

Staff demonstrated concern for people's wellbeing in a meaningful way and responded to their healthcare needs quickly when required.

Is the service caring?

Outstanding 

The service was exceptionally caring

People were consistently treated with kindness and compassion in their everyday care by staff who responded to their needs quickly.

People valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support, which made them feel special and really well cared for.

Staff consistently treated people at the end of their life with compassion and in accordance with their wishes. Staff consistently cared for and supported the people that mattered to the person who was dying with empathy and understanding.

Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans which reflected their care needs, preferences and how they wished their care to be delivered. These had been updated regularly to reflect people's changing needs.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care.

People were provided with information about how to complain, in a format which met their needs. The registered manager listened and learned from people's experience to drive improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

Staff spoke with pride and passion about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

The registered manager provided clear and direct leadership visible at all levels, which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service.

Mayfair Homecare - Basingstoke

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 checked 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. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This announced site inspection of Mayfair Homecare took place on 31 August and 1 September 2017, with a telephone survey completed on 8 September 2017. The provider was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also looked at the provider's website to identify their published values and details of the care and services they provided. The provider had not been given the opportunity to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all of this information during the inspection process.

During the inspection we spoke with the provider's registered manager and care services director. We also spoke with the provider's deputy manager, two care coordinators, one team leader, one senior staff member and fourteen staff. We visited six people and three relatives in their homes and also spoke with six staff in attendance. We spoke with people and their relatives about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to mobilise. Following the home visits we spoke with four health and social care professionals and commissioners of the service. We spoke with a further eight people and five relatives on the telephone to find out about their

experience of the quality of care provided by the service.

We reviewed 10 people's support plans, including daily records and medicines administration records (MARs). We looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of their registration. They also understood and complied with duty of candour.

The service had not previously been inspected at this location.

Is the service safe?

Our findings

People told us they were safe and experienced good continuity of care, from regular staff who knew them well. People and relatives told us they could speak with staff or the registered manager if they were worried about anything and were confident their concerns would be addressed. People and their relatives consistently commented on the positive and highly visible presence of the office staff including the registered manager, deputy manager, care coordinators and team leaders. One person told us, "I know I am in safe hands because the girls [staff] know me and treat me like their own mum." A relative told us, "We are so pleased to have found Mayfair and no longer have to worry about [family member's] safety and wellbeing."

Staff completed the provider's safeguarding training during their corporate induction and then updated this training annually. Staff had ready access to the provider's safeguarding policies and procedures, together with local authority guidance and government legislation.

Staff told us they trusted the management team and were confident they would act on their concerns if required. The appropriate action taken by the staff and registered manager in relation to notifications submitted showed they had ensured people were protected from abuse. Staff demonstrated clear knowledge of the provider's whistleblowing policy and procedures. Health and social care professionals confirmed that when safeguarding issues had arisen, appropriate measures had been taken to reduce the risk of repetition for people and to keep them safe. People were kept safe by staff who understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse.

Staff told us that the service priority was to ensure people they supported were safe but they also felt valued by the management team who were also interested in their welfare. For example, staff contacted the on call duty manager at the conclusion of their late shifts, which assured staff were safe and well. This also assured that people were safe having received their night time visits.

Planned visit times were checked against an electronic monitoring system and daily records, which enabled the provider and people to be assured they received consistent care in accordance with their care plans. The registered manager promoted staff safety at work by effectively implementing the provider's lone worker policy, which staff confirmed.

The team leader completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance to follow in order to provide the required support to keep people safe, for example; risk assessments were specific to the individual and not generic relating to their diagnosis. People and their relatives told us they had been reassured by the thoroughness of the risk assessment process.

People's support plans and risk assessments identified how potential risks should be managed to reduce the likelihood of harm occurring to people. For example, people had plans to support them to access the

community safely. Risks to people in relation to their mobility had been assessed. These identified if the person required equipment and the number of staff required to support them to mobilise safely.

Staff demonstrated knowledge of the risks to people and the measures required to manage these safely in practice, which was consistent with the guidance contained within people's care plans. These included specific health needs, communications, behaviour which may challenge, medicines management, pain relief, personal care, skin care, mobility and social contact,

Staff supported people safely with their moving and positioning needs. Staff had received appropriate training to support people to move safely and had their competencies regularly assessed by the provider's care coordinator. Staff had been trained in the use of people's individual support equipment, for example; particular electronic hoists and stand aids. We observed staff using people's personalised support equipment safely and in accordance with the guidance within their care plans. One person told us, "All the staff who come to me know exactly what to do. I was once dropped in hospital but trust all of my carers here because they take their time and talk to me."

Staff understood the risks to people and followed guidance to protect them, for example; Skin assessments identified people who were at risk of experiencing pressure sores and provided clear guidance about how to reduce these risks to prevent their development. We observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. The risks to people from pressure ulcers were managed safely.

When required the service informed relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists and palliative care specialists, so that the person's changing support needs could be reviewed as a matter of urgency and plans could be put in place to keep them safe.

Staff demonstrated concern for people's wellbeing in a meaningful way and responded to their healthcare needs quickly when required. We reviewed several incidents where staff had effectively intervened in potentially life threatening circumstances whilst awaiting the attendance of health professionals. Health professionals made positive comments regarding the action taken by staff. Appropriate emergency action taken by staff who knew people well had enabled the intervention of healthcare specialists to treat potentially life threatening health conditions.

The provider had procedures in place for dealing with emergencies which could reasonably be expected to arise from time to time. All staff had been given training on how to deal with different types of emergency, which records confirmed. Where people experienced health conditions which may require support in an emergency this was clearly detailed within the person's care records. Staff were able to demonstrate their understanding of the action required to keep people safe. There were arrangements in place to keep people safe in an emergency.

The registered manager and care coordinator completed a daily staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs was always provided. This meant the service ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs. The provider's electronic systems confirmed that people had not experienced any missed calls.

Staff had undergone relevant pre-employment checks including the provision of suitable references, confirmation of their eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with

people who use care and support services. References confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Selection interviews covered any gaps shown in staff employment histories and staff completed health questionnaires relevant to their role. A thorough system was in place for pre-employment checks and the required records were available to confirm these had taken place. People were protected from harm because the provider had assured that staff employed were of suitable character to support people safely.

The regional director told us that whilst registered manager sought to expand the service they resolutely refused to compromise people's safety. This was confirmed by a health and social care professional who told us the provider lets them know if they cannot meet someone's needs, rather than accepting all referrals made to them.

People's medicines were administered safely, by trained staff who had their competency to do so regularly assessed by managers and team leaders. Staff told us they felt confident managing medicines and that their training had prepared them to do this, which we observed during home visits.

People told us that staff supported them where necessary with their prescribed medicines, in accordance with their support plan. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

Staff knew the risks to people from their specific medicines, for example; where people were prescribed Warfarin. Warfarin is a medicine which thins the blood and can have significant side effects, including prolonged and intense bleeding and bruising. Staff understood the support people needed to prevent the risk of blood clotting or bleeding. This was consistent with the information provided within the provider's policy in relation to Warfarin and people's individual care plans.

Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines safely. We reviewed people's medicine administration records (MAR) and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason for this and any action taken as a result were recorded.

Is the service effective?

Our findings

Feedback regarding the service was consistently very good. People and relatives spoke positively about the quality of care provided by staff who understood their needs and knew how they wished to be supported. One person told us, "This is the best service I have had, including a care home. My carers [staff] are the best I've ever had. They are very good at caring for me and are very professional when they are helping me to move, but we always have a laugh and a giggle." A relative told us, "The staff are very happy and positive whatever mood [their loved one] is in and are great at encouraging them to do stuff for themselves." One person told us, "They [staff] are very good at helping me to move and you can tell they've had good training. And I should know because I was a nurse and I wouldn't just trust anyone."

Relatives and health and social care professionals consistently made positive comments about the effectiveness of the service. One professional told us, "The manager and staff are always open to our suggestions to improve the care they provide and effectively put our guidance into practice."

People and relatives told us the registered manager and staff were driven to provide the best possible care for people, which was demonstrated by the response from the office staff to any concerns. People and relatives consistently told us that the office staff were attentive and responsive to any concerns they raised.

Staff had the required skills and knowledge to provide the support people needed. People experienced support from staff in accordance with their support plans, which we observed in practice. People told us they believed staff were well trained because of the quality of care they provided.

The provider ensured staff completed an induction course and spent time working with experienced staff before staff were allowed to support people unsupervised. This ensured new staff had the appropriate knowledge and skills to support people effectively.

Staff consistently told us the induction programme prepared them to meet people's needs effectively and gave them the necessary skills and confidence to carry out their role effectively. All staff had successfully completed the care certificate which was confirmed by staff records and the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. All staff had completed or were working towards work based qualifications [NVQ or QCF level 2 to 5]. These qualifications recognise the skills and knowledge of a person to do a job and require the candidate to prove their competence in their chosen role.

Staff had received the required training for the role for which they had been employed. Staff had specific training and had their competency assessed to deliver more complex care, by the registered manager, for example; Supporting people with catheter and convene care [Catheters and convenes are devices used to support people to manage urinary incontinence] Staff had undertaken effective training to enable them to meet people's individual needs.

The provider's records demonstrated that required training was up to date and future training had been

scheduled effectively. This ensured that staff had been supported to gain the necessary skills required to meet people's needs and to maintain them.

The management team effectively operated a system of spot checks, supervision, appraisal and monthly meetings which supported staff to deliver care based on best practice. Records demonstrated that staff had received regular supervision, spot checks and appraisals, in line with the provider's policy. Minutes of staff meetings detailed topics covered to enhance staff care practice. For example, the management team provided further training and guidance about how to support the emotional needs of people living with Multiple Sclerosis (MS), in addition to their physical support needs. MS is a progressive disease of the central nervous system. At the same meeting staff had a review of infection control practice, and the impact of effective personal care on reducing the risk of infection. Staff consistently told us that the team meetings were an invaluable source of learning. One experienced staff member told us, "Mayfair is better than other care companies because they pay staff to do their training and staff meetings are really good."

The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA.

The registered manager told us that staff had completed training in the MCA during their induction, which was confirmed by staff and records. People had a communication support plan, which recorded how information should be communicated to them and how to involve them in decisions. We observed staff effectively talk with a person who had limited verbal communication using their knowledge of the person's body language and facial gestures, in accordance with their communication support plan.

Staff demonstrated a clear understanding of the principles of the MCA and described how they supported people to make decisions. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety.

Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition. Where people had specific dietary requirements staff were able to describe the support they provided. We observed staff encourage people who had been identified to be at risk of malnutrition due to poor appetite to eat. People were supported to eat and drink sufficient amounts to maintain their health.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. We reviewed examples where staff had immediately sought advice from the registered manager when they had identified a change in people's needs, who then arranged support from relevant health professionals. For example, in relation to concerns regarding developing or potential infections and skin care needs. Records documented how staff would know if a person was unwell, for example; the facial expressions the person might exhibit to staff to indicate they were in pain and required pain relief.

People's records demonstrated the service had worked with a range of healthcare professionals in the provision of people's care including GP's, nurses, mental health professionals, physiotherapists and

occupational therapists. We spoke with four health and social care professionals who made positive comments about how staff had consistently provided care in line with their advice to ensure people's health care needs were met.

Is the service caring?

Our findings

Staff had developed caring relationships with people who praised the quality and kindness of the care they received. One person told us, "They [staff] are just naturally caring in whatever they do. Even just helping me to wash or bringing me a cup of tea. They take time to make sure everything they do is just right for me." Relatives consistently praised the way staff also supported people's extended family during visits. People and their families were consistently treated with kindness and compassion in their day to day care.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity, which we observed in practice. People told us their dignity was promoted by staff because they were treated as individuals.

During one home visit a relative whose loved one was immobile and had no verbal communication praised the way staff maintained their loved one's dignity by engaging in meaningful conversations with them whilst delivering their care. They told us, "The carers are so loving and so caring and always explain what they are doing. They are amazing with (their loved one) and know how to make her smile."

A relative told us the 'special bond and outstanding communication' between the staff and [their loved one] had ensured they were taken for urgent medical examination which proved to be life saving. The ambulance staff were unsure whether the presenting health conditions required hospital attendance and had to be convinced by robust representations made by care staff on their family member's behalf.

Staff were highly motivated and inspired to offer care that is kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. For example, one person living with dementia had received their personal care and was upset because their sink was leaking, despite requests for a plumber to attend. Staff had finished their calls for the day and remained behind to repair the leak. This made the person feel happy and that their care really mattered.

One person's relative told us their loved one was paranoid about people calling in case they had left the back door insecure. To reassure them staff operated an informal 'care watch' system and went to check if they saw unknown people calling at the address. The relative told us they had recently received a phone call from a member of staff concerned about people they had seen walking down the pathway to their loved one's house. This transpired to be other family members but made the person feel happy and reassured that staff had her welfare at heart.

The service was supporting people who were living with Multiple Sclerosis. Health professionals praised staff for their involvement in one person's care. They told us the excellent communication provided by staff and their effective implementation of their guidance had a significant impact on this person's physical health and mental wellbeing. This person told us how the staff support had been invaluable in coming to terms with their diagnosis, and the deterioration in their health, which had necessitated giving up their career and moving house. Staff support had helped them to come to terms with their situation and empowered them with a positive outlook on life.

People valued their relationships with staff and felt that they often went 'the extra mile' for them when providing care and support, which made them feel special and really well cared for. People overwhelmingly told us that staff had taken time to build meaningful relationships to gain their trust and confidence, for example; One person required support with their mental health from staff who knew them well and could identify any potential triggers to them becoming unwell. This person told us, "The staff always go out of their way to help me and will always stay longer if I'm not well. The way they treat me makes me feel I can go on." A healthcare professional told us the positive bond developed between the person and staff had allowed staff to support the person with their needs, which had a significant impact on their health and wellbeing.

One person's relative told us how their loved one experienced 'special' care from staff who went out of their way to enrich their family members' life. Staff presented their family member with a china tea set to celebrate a milestone birthday as they took great pride in providing hospitality to guests. The person's relative and staff told us how they looked forward to preparing tea for visitors and particularly enjoyed their daily 'cuppa' with staff, which they provided showing off their best china. Another person experienced anxiety and was worried about going on holiday because they had been unable to find care for their budget. They told us they were able to enjoy their holiday because a member of staff volunteered to care for their budget.

Other people who did not have support from family members told us how the registered manager and their regular staff made extra visits to see them on dates that were important to them, such as birthdays and anniversaries. The registered manager and other staff volunteers ensured all people who did not have family members received additional visits on Christmas Day, where they spent time with them and gave them some small gifts. Another person who was unable to leave their house told us how staff supported them to purchase gifts for their family on birthdays and Christmas, which made them feel happy and a little more independent.

People living with dementia received consistent continuity of care provided by regular staff, with whom they had developed caring relationships. Staff were able to demonstrate a detailed knowledge about the needs of people, their life histories and their preferences, for example; their preferred name and personal daily routines.

The service consistently provided outstanding end of life care which ensured people experienced a comfortable, dignified and pain-free death. When people were nearing the end of their life they received kind and compassionate care. The service provided continual care for people and were supported when required by external palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness.

We reviewed letters from bereaved families thanking the registered manager and staff for the exceptional care provided to their loved one at the end of their life. Two such testimonials described the care provided to be outstanding, compassionate and understanding, whilst referring to the staff as loving and caring.

We spoke with two families who praised the excellent support provided by the service to their loved ones. One person told us how the registered manager knew the family well and spoke with their family member at great length to ensure they clearly understood their preferences and choices for their end of life care. The family member confirmed their loved one's wishes had been accurately recorded and were kept under review and acted upon.

Another family member told us the registered manager explored all of their loved one's wishes which they then respected and fulfilled. For example, they identified which individual staff the person preferred. The

designated staff all volunteered to change their shifts and rest days until further notice to ensure the person always had their favourite staff available. Other staff then volunteered to cover the visits vacated by the chosen staff.

When the service supported people with their end of life care the registered manager engaged with other palliative care specialists to identify any additional training requirement for staff, which they then arranged. For example how to support people's spirituality in the widest sense, not just their religious beliefs and faith but other things which give meaning to the person's life, such as the arts, nature, and special interests.

Staff also received guidance in relation to minimising any food related discomfort experienced by the person, whilst maximising their enjoyment of food. Staff told us how they were actively encouraged by palliative care specialists to provide as much social interaction as possible. This meant people were supported to be as comfortable as possible surrounded by family and staff that cared for them.

One family member told us, "Although [family member] was in a lot of pain the girls always made him laugh and were very good at encouraging him to drink." Another relative told us, "They [staff] were just so good at being there when [their loved one] needed them and you could tell [their family member] felt loved." A member of a different family told us, "The carers always gave 110%, and brought a magic ray of sunshine into [their loved one's] life which meant a lot to him and us."

One family member told us how staff had identified that their loved one's discharge plan from hospital had not allocated the appropriate amount of support and equipment required. Without any agreed funding the registered manager doubled the number of staff allocated to provide the family member's care. Commissioners subsequently agreed the registered manager's assessment to be correct.

The registered manager then contacted relevant health professionals to arrange more appropriate equipment to support the person to move and feel more comfortable. The provider ensured people were supported with the appropriate equipment to meet their end of life care needs.

A family member told us, "The staff were so caring, not just for [their loved ones] but for me and the whole family. They were an absolute god send. The staff were wonderful they just swept us up and cared for us." Families consistently told us that staff had provided compassionate and uplifting support for them when they were feeling despondent and demoralised. One person told us, "Whenever things got too much they were always there as a shoulder to cry on." Families praised staff for the empathetic way staff explained the dying process every step of the way so they knew what to expect. One relative told us they were 'uplifted' by attentive staff who also wanted to know how the service could support them as well as their loved one. One member of staff told them, "We need to look after you as well otherwise we'll be in trouble with [their loved one]." Family members told us staff were very kind and often repeated information they had not been able to take in the first time.

Is the service responsive?

Our findings

People received person centred care that was responsive to their needs and focussed on them rather than the requirements of the service. One person told us, "When [the registered manager and team leader] come to see they make me feel that my care is really important and what I want is at the heart of everything they do." A relative told us, "The office all work as a team and listen to what your concerns are and then do something about it."

The provider actively involved people in decision-making about their care. One person told us, "The manager is very caring and you can feel that the quality of your care is really important to her." Another person told us [the team leader] wanted to know everything that could help them [staff] provide the best care for me". People and their families consistently told us they were encouraged by the registered manager and team leader to share as much information as possible to enable staff to get to know people well. One file we reviewed contained a comprehensive biography about a person who was living with dementia. Staff told us this was an invaluable source of information and enabled them to talk about significant events in the person's previous life which made them happy.

The registered manager and team leader had involved people they wanted to support them with important decisions, which records confirmed. One person who lived with dementia told us, "They [staff] are very good at talking to me to find out what I want but I like my [family member] to be there in case I forget something important. It makes me feel that we are all working as a team." A relative told us "The managers are very good at making sure I am kept informed and arrange to visit when I am there because this reassures my [loved one]." People contributed to the assessment and planning of their care as much as they were able to.

People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis. Support plans and risk assessments were reviewed every six months or more frequently when required. Records confirmed that all such reviews were fully up to date. Relatives consistently told us they were pleased with the way they were involved in their family member's care planning and how they had been kept informed of any changes by the service.

People's care records demonstrated their needs had been assessed prior to them being offered a service. The team leader told us they completed an initial needs and risk assessment with the person and their family, where appropriate. The person was then revisited after a few days, to gather feedback, make amendments and to add additional information which had been obtained from the first few days of the person's care. People also received a quality assurance visit every month from the deputy manager or team leader as part of the provider's staff supervision process.

People told us the deputy manager and office staff regularly contacted them for feedback. One person told us, "All the managers in the office are excellent and are regularly asking if everything is ok and if there is anything they can do to improve my care". People and relatives who had experienced alternate care services consistently reported that the communication from the coordinators was the best they had experienced. One person told us, "I was at my wits end before I found Mayfair. It is so refreshing to know that whoever

answers the phone they will be concerned about you and listen to you."

People experienced care and support that reflected their wishes and treated them as an individual. Staff got to know the person and the support they provided was developed around their needs. Care plans were detailed and personalised to support the person's care and treatment. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. People and relatives consistently told us staff ensured that support was provided and tailored to meet their individual needs.

People and their relatives told us staff consistently responded to people's needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly. Staff responded immediately where required, before people became distressed, for example; We observed staff supporting a person respond promptly to their need to be repositioned and to eat safely.

Health and social care professionals told us staff were responsive to people's needs. A community health practitioner told us about the effective support provided to a person who had complex mental health needs. They told us the care staff regularly raised concerns about this person's welfare and did everything possible to support the person in the community in extremely challenging circumstances.

People's care records detailed any changes to their health and behaviour and the subsequent updates to relevant risk assessments, for example; one person was provided with more support when they became anxious which increased the risk of them displaying behaviour which may challenge others. The registered manager ensured this person experienced consistent care from designated staff who knew and understood the triggers for their anxiety and the measures to implement to calm and reassure them. The person told us the support they received had a significant impact on their mental health and wellbeing.

Where people lived with health conditions such as diabetes or epilepsy, they had care plans to provide staff with guidance about their specific care needs in relation to their condition, and how these should be met.

Staff were responsive to people's changing needs and where required arranged urgent referrals to relevant health professionals, for example; when people had developed an infection or required support in managing pressure areas or other injuries. Staff provided care that was consistent but flexible to meet people's changing needs.

There was guidance for staff about how to support people to promote their independence and maximise the opportunity to do things of their choice. One member of staff told us about the immense satisfaction they felt supporting a person to organise and catalogue their extensive music collection. A person told us how staff had supported them to do this and to develop a collection of their favourite drink. This person told us this support had considerably reduced their levels of anxiety, which had a significant impact on their main health condition.

The registered manager and management team sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions.

People had a copy of the provider's complaints procedure in a format which met their needs, which we observed in people's care records during home visits. People and relatives confirmed the registered manager and management team had explained this to them when they had their needs assessed. Staff

understood the complaints procedure but endeavoured to deal with concerns before they escalated. For example, if people did not like particular staff members the coordinator would investigate the reasons and where necessary ensure the rota system prevented the identified staff being scheduled to support that person. Where the coordinator identified a training requirement for staff this was arranged immediately.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives consistently felt that staff listened to their ideas and concerns, which were quickly addressed. During home visits people told us they knew how to complain but due to the attitude of the registered manager could not conceive this would ever be necessary.

Since the service began there had been three formal complaints which had been managed effectively, in accordance with the provider's complaints policy. The registered manager had a system in place to analyse the learning from complaints and where appropriate address any issues with relevant staff in supervisions or staff meetings.

Is the service well-led?

Our findings

Without exception people and their relatives praised the quality of the support they received and told us that the service was well-led. One person told us, "This is the best service I have had by far which comes from the manager. She sets the standards and is a great example to her staff." Another person told us, "The whole thing feels like one big family. My care visits make my day because all of the carers are so kind and friendly." A relative told us, "This service is very well led because whoever you speak with knows what is going on and if they say something will be done you can trust it will be."

The provider placed people and their needs at the heart of the service by ensuring their dignity, independence and choices remained staff priorities at all times. The provider had adopted a clear set of values based upon caring passionately about people, supporting and enabling them to live life to the full and delivering person centred care which met their needs. The registered manager and staff told us they were committed to putting people first, listening to their concerns, treating them with dignity and respect, promoting their independence and choice, and providing high quality consistent care.

The provider demonstrated their commitment to their own values when new commissioning arrangements were introduced by the local authority. Fifteen people who were worried about having to find alternative care provision continue to receive a service from Mayfair Homecare due to specially negotiated arrangements by the provider.

New staff told us the registered manager was passionate about the quality care provided and emphasised the importance of these values during their induction programme. People and relatives told us that staff consistently demonstrated their understanding and application of these values in their day to day care, which we observed in practice.

The coordinator ensured staff had time to provide people's care in the way they preferred by effectively scheduling travelling time between visits. Staff consistently told us, "You have enough time to deliver people's care properly but also have enough time to have a chat with people." Staff told us they never had to compromise anyone's care to make up time.

People, staff and health and social care professionals told us the service was well led by the registered manager who was effectively supported by their office management team. People and relatives told us all of the management team were approachable, willing to listen and readily available, which was confirmed by staff.

The registered manager had invested time in the recruitment process to ensure they attracted and kept conscientious, dedicated staff, which provided continuity in the delivery of people's care. Staff consistently told us one of the strengths of Mayfair Homecare Basingstoke was their ability to retain staff once recruited. Records demonstrated that many staff had worked for the service over ten years and almost 90 per cent of staff had worked for the service for over two years. One staff member told us, "Once you work here you don't want to leave so there's no revolving door. The staff are well treated by the managers so we all do our best

for them and the people we care for." Staff with previous experience of other providers consistently told us the management of this service was the better than others, which had created a strong team spirit.

The provider was focused on the development of staff, who were supported to achieve accredited qualifications to continually improve the service people received. All staff had completed or were in the process of completing external qualifications relevant to their role. The care services director told us the registered manager was used as a role model for other managers within the care group. We spoke with two managers from other branches who told us the time invested by the registered manager had a significant impact on their development to become registered managers in their own right. A member of the management team spoke highly about the level of support staff experienced from the registered manager. They told us, "She is just so calm and unflappable, nothing flusters her. She spends time with me in the evening in her own time to give me ideas and explanations which have really boosted my confidence to develop as a manager."

Staff consistently told us the registered manager and management team were readily approachable and spent time with them individually to discuss areas of development and the individual support they required. One staff member told us, "The training is fantastic and we have great staff meetings where we discuss important developments." Another staff member told us, "I've been in care a long time and I've never worked for a company before where all the staff want to come in for training and staff meetings."

The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the subject of praise, the management team ensured this was passed on to relevant staff in supervisions and staff meetings. Newsletters memos and minutes of staff meetings highlighted and praised staff hard work and their willingness to go the extra mile. Staff told us the management team readily praised them when they had performed well and exceptional work was recognised with a 'Carer of the Month Award'. When asked whether this award had the potential to be divisive without exception staff said no and made positive comments, for example; "I love the team meetings and hearing about all the great work going on." Another member of staff told us, "I was so proud to hear about the great work of colleagues recently that saved people's lives." The registered manager promoted the link between people's positive experiences of their care and staff recognition.

The provider also recognised the value of their staff and fostered team spirit by other gestures such as hosting a Christmas party and providing individual presents for staff. Coordinators also arranged for staff to be covered on other special dates, for example; when staff wished to attend religious services in the practice of their faith or when families wished to celebrate their roles as mother's on mother's day.

The registered manager and management team demonstrated good management, for example; staff told us the registered manager encouraged them to discuss any concerns with them and they felt comfortable to do so. Three members of staff told us how the registered manager had sensitively supported them during a personal crisis. When staff were unwell and absent from work the provider kept in touch with them and the registered manager visited them in person.

The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. Staff had the opportunity to discuss concerns or ideas they had about the service or their own development during supervisions or informal meetings, which then formed the basis of action plans. The provider afforded staff the opportunity to raise issues anonymously through regular staff surveys and a confidential designated whistleblowing telephone line. Staff told us there was an open culture within the service, for example; the registered manager encouraged learning from mistakes. Staff consistently told

us that when they had made mistakes they had received constructive feedback to improve their performance from the registered manager. When mistakes had occurred there was honesty and transparency from all levels of staff and management.

Opportunities were available for people and their families to regularly contribute to the development of the service and to help drive continuous improvement. People and family members told us they were given the opportunity to provide feedback about the culture and development of the service and all said they were extremely happy with the service provided. The service had a structured approach to obtaining feedback from people using the service, including satisfaction surveys and quality assurance visits.

The registered manager and office team carried out a programme of daily, weekly and monthly audits to monitor the quality of the service and plan improvements. The registered manager monitored people's support and took action to ensure they were safe and well. The management team ensured people's welfare, safety and quality of life were looked at through regular checks of how their support was provided, recorded and updated.

The provider ensured the service delivered high quality care by completing regular audits, site visits and reviewing the registered manager's weekly monitoring report, which detailed all significant events. Staff told us the care services director visited the office regularly and was very approachable.

The provider's quality assurance system produced monthly reports across the care group which demonstrated how services were performing in relation to their other branches. This system showed this service consistently performed well compared to like services within the care group. Where areas had been identified to require improvement these were subject to an action plan which had been completed. The provider was aware of potential risks which may compromise the quality of the service and took action where required to reduce them.