

Sevacare (UK) Limited

# Mayfair Homecare - Milton Keynes

## Inspection report

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13 February 2019  
18 February 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Mayfair Homecare – Milton Keynes is a domiciliary care agency supporting 75 people across the Milton Keynes and Bedford area.

People's experience of using this service:

- People felt the service required improvement, particularly to the timings of their visits.
- Staff were not enabled to complete visits and have time to travel to their next care visit.
- People's visits were not always planned to ensure they received regular visits from staff who knew their care preferences.
- People told us staff regularly rushed and did not always provide their care in the way they wanted it.
- People felt their concerns were not always responded to or actioned appropriately.
- People felt that staff did not always respect their requests.
- People received good support to have their healthcare needs met.
- Some people commented on the caring nature of staff.
- Staff received appropriate training and support.

Rating at last inspection: Not previously inspected.

Why we inspected: This was a planned first comprehensive inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated 'Requires Improvement.'

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always caring.

Details are in our Caring findings below.

**Requires Improvement** ●

### 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 - Milton Keynes

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one inspector, one assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, their area of expertise was people who have a sensory or physical impairment.

#### Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we wanted to ask for people's permission to contact them during the inspection.

Inspection site visit activity started on 31 January and ended on 18 February. We visited the office location on 31 January 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We requested copies of further documentation and care records following the office visit.

What we did:

Before the inspection, due to technical difficulties, we did not ask the registered manager 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. However during the inspection we ensured the registered manager was able to show us all relevant documents and the plans they had in place.

We reviewed the information we held about the service. We also contacted health and social care commissioners who place and monitor the care of people using care services, the local authority safeguarding team and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we spoke with four people who used the service and eight relatives. We also spoke with four members of care staff, two care co-ordinators and the registered manager.

We reviewed the care records for ten people and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, staffing rotas, and arrangements for managing complaints.

After the initial feedback, the registered manager voluntarily sent us an action plan to make immediate improvements to the delivery of care.

# Is the service safe?

## Our findings

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

Requires Improvement:  Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing arrangements were insufficient to ensure that people received their care at the times they expected. Staff were scheduled with back to back care visits with no allowance for travel time.
- Following the inspection the registered manager had reviewed and improved travel time however we could not test the effectiveness of the changes the registered manager had made.
- One person said, "They could do with being better, well the timekeeping is horrific."
- Staff confirmed they sometimes arrived early or late for people's visits to try and ensure they could get to everybody.
- We reviewed the records which showed the times staff arrived and departed from their call visits. We saw that staff were often early or late, sometimes by over one hour however on most occasions, when this occurred, the person and/or their relative were made aware.
- The provider followed safe recruitment practices to complete checks on new staff before they started work.

### Assessing risk, safety monitoring and management

- Improvements were required to ensure the risks known to people were appropriately managed by care staff. For example, people at risk of falls or of pressure sores did not always have sufficient guidance about how care staff could reduce this risk.
- The registered manager immediately designed a new form that could be used to help manage people's risks however we could not review the impact or sustainability of this during this inspection.

### Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to keep people safe and how they could report any concerns.
- Safeguarding investigations were completed appropriately.

### Using medicines safely

- Staff had training about the safe administration of medicines however the management of medicines was retained by the community nursing team. The community nursing team implemented, reviewed and adjusted people's Medicine Administration Records. This meant that the service was unable to regularly review if medicines had been administered correctly.
- The registered manager had recognised the risks that this caused and worked with staff to encourage them to report any concerns or gaps in people's records.

### Preventing and controlling infection

- Staff were given Protective Personal Equipment (PPE) and understood about cross contamination. One member of staff said, "I come to the office and get a bulk of PPE, you never know

when you might run out."

- Staff received training on infection control and this was updated regularly.

Learning lessons when things go wrong

- The registered manager was keen to learn from mistakes and identify opportunities to improve the service.

We saw that when they had been made aware of a medication error, the registered manager had reviewed the policies and procedures and sent instructions to staff to help prevent a reoccurrence.

# 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

Good:  People's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had comprehensive assessments before they began to use the service. We reviewed the assessment and saw that it covered all aspects of care and included people's preferences on a cultural, language and religious basis which may have an impact on people's care.
- People's preferences were respected and accommodated, for example, one person told us they preferred to have female staff to support them with their personal care and this had been respected.

Staff support: induction, training, skills and experience

- New staff received an induction and were expected to complete the Care Certificate with support and guidance from their manager.
- Training was regularly refreshed and staff felt supported in their roles.
- Staff had regular supervision and an annual appraisal. One member of staff told us, "We have supervision every three months. We talk about how everything is going and if there are any problems [they get resolved]."

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

- Staff had minimal input to support people to meet their nutritional needs. One person's relative said, "They do some meals for [name]. The staff get their lunch and a sandwich for tea. And they are OK with that."
- People's care plans had information about people's food preferences and choices and staff had an awareness when people required encouragement to eat.

Ensuring consent to care and treatment in line with law and guidance

- People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection because people were not being deprived of their liberty.
- Care plans included an assessment about people's mental capacity and whilst staff did not understand the terminology relating to the Mental Capacity Act, they did have an understanding of ensuring people provided consent to their care.



Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was keen to work with other agencies and had made contact with the community nursing team when there had been concerns or changes to people's medication.
- The registered manager had recently been working with the local authority to improve the service and had listened to feedback they had provided.

Supporting people to live healthier lives, access healthcare services and support

- People received support with managing their healthcare needs when required.
- One person's relative said, "If they [the staff] see anything that needs the doctor they will alert us. They are pretty good at that... Not overly good but they will let me know."
- Another person's relative said, "They [the staff] told me about a [health condition] so I could contact the doctor."

# 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

Requires Improvement:  People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People were not always well treated. Many people felt that the carers rushed, did not take their time and were under pressure to get to the next person. One person's relative said, "They get away on calls as quick as they can and spend just half the time sometimes if they are rushing."
- Another person's relative said, "I have asked them if they finish early to have a chat with [name] but they don't."
- People also gave some positive comments about the caring manner of staff and that not all staff rushed. One person said, "Some are really nice, not just doing the minimum."
- People's preferences for staff support had been accommodated. One person's relative told us that the service had respected the person's decision regarding a preference for staff to complete their personal care. They said, "[Name] chose to have women. They are respecting that."
- We reviewed the recorded visit times and found that staff frequently did not stay for the full length of time which was not always at people's request or preference.

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

- People felt their wishes were not always respected. People told us that despite asking staff not to, they spoke in a different language which people could not understand and some could not understand what had been said.
- One relative said, "The staff we have don't have good English. They don't take the trouble to check what [name] says."
- People did not always feel their views about the timings of their calls were respected. For example, one person's relative said, "Sometimes they're late and [name]'s breakfast is at 10am, then their lunch comes too soon after and there's not enough space between them."
- We reviewed the call times and found that when staff were significantly early or late this was usually communicated to people or their relatives.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. One person's relative told us, "They help [name] have a wash. It's done safely and done with dignity."
- Care plans had guidance for staff about how to maintain people's dignity, for example, by ensuring people were covered up whilst they were supported with their personal care.

## Is the service responsive?

### Our findings

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

Requires Improvement:  People's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care was not always personalised to meet people's preferences. People told us they often did not know which member of staff would be arriving and this was not in accordance with their preferences. One relative said, "They do not introduce new staff to [name] first. If [name] has got the same people they know where things are, but if it's lots of new strangers and they don't know [name] or where things are, it really upsets [name], not knowing them or knowing where things are. Their questions upset [name]."
- Another person's relative said, "[Name] used to get a schedule (rota) but it's not been sent recently, it was pointless. It was not reliable."
- People felt they did not always get all of their care needs met how they liked due to staff not staying for the full length of time, or rushing off. One person's relative said, "They even don't always make [name]'s tea nice so [name] ends up doing it themselves."
- People had care plans in place that contained guidance for staff. Further improvements were required to ensure that they contained the correct times people preferred their care. Care plans also needed improvements to ensure they were dated when they had been implemented or reviewed.
- The registered manager told us they would ask people if they would like a rota sent out on a weekly basis and would action their requests.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- Formal complaints were investigated and resolved by the registered manager but improvements were required to the management of informal complaints and concerns.
- People told us they were not given an update or explanation of what action had been taken in response to their concerns. This included incidents with staff and the timings of people's care visits.

End of life care and support

- At the time of inspection the service was not offering end of life care and support.

# 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

Requires Improvement:  Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Improvements were required to ensure people received high quality care and support. People told us they would not recommend the service. One person's relative said, "I would not recommend Mayfair, but it's not really the carers' fault. They need to be better organised." Another person's relative said, "No, I would not recommend them. They are not good enough and they need to improve. A lot."
- Some people told us they felt there had been some improvements a short time before the inspection and we saw that following the inspection the registered manager had acted on our feedback with immediate effect, however we could not test or be sure that these changes were adequate to address the shortfalls identified or that they would be sustainable.

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

- The registered manager and staff at the service were passionate about their roles and wanted to provide a good service to people however the systems that had been put in place did not always support this approach, for example with the lack of adequate travel time.
- Quality assurance systems had not always identified and improved the service. For example, people's care plans had been audited however they had not identified that some documents had not been completed correctly. We also found an audit of staff files correctly highlighted where improvements were required but did not record when these had been actioned. We also saw that the service had electronic monitoring which could be further utilised to review the timings of care people received and if this was in accordance with their preferences.
- The registered manager kept track and actioned when spot checks on staff were required. The registered manager confirmed that when improvements were required these were actioned however the records did not always clearly show this.
- The registered manager had not fully understood the requirement to submit appropriate notifications to the CQC however immediately rectified this and submitted an outstanding notification during the inspection.

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

- People were asked to review the service and provide feedback every three months. The feedback we reviewed was mostly positive and did not require any further action. However, when there had been a request for improvement, we could not clearly see what action had been taken.

- Staff felt supported by the registered manager and when there had been concerns about the way they had been treated by service users the registered manager took action to support them.

#### Continuous learning and improving care

- The registered manager showed a commitment to learning and improving care and we saw that improvements had been made a short time prior to the inspection, and immediately following our feedback. For example, improvements were made to the guidance regarding supporting people at risk of falls.

#### Working in partnership with others

- Prior to our inspection, the local authority had reviewed the service. The registered manager had listened to and acted upon their feedback and implemented an action plan. The registered manager was keen to work in partnership with other agencies, including safeguarding teams and community nursing teams to provide good care for people.