

Silverdale Care Services Limited

Mayfair Homecare - Newbury

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Mayfair Homecare - Newbury is a domiciliary care agency (DCA) providing care and support to people living in their own homes. It provides a service to older adults.

Not everyone using Mayfair Homecare – Newbury receives 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 take into account any wider social care provided.

Mayfair Homecare – Newbury does not currently have a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.' The previous registered manager had left in January 2019. The new manager is in post and currently in the process of applying to be registered.

People's experience of using this service:

People were supported for by a consistent staff team who were kind and caring and appropriately trained. Staff had good relationships with people and knew them well. People were encouraged and supported to maintain their independence. They spoke highly of the care and support they received. "The carers are brilliant, I can't fault them."

Appropriate numbers of staff were employed, however safe recruitment practices had not always been followed. The current provider had bought out the previous provider of the service in 2016, a number of staff transferred across to the new service. However, the new provider had not assured themselves that people employed by the previous provider had been recruited safely.

Feedback was sought from people and staff through meetings and questionnaires. People told us they felt comfortable in raising any concerns or issues.

Care plans were person centred and detailed people's support needs. However, records were not always accurate. Some risk assessments were inaccurate which meant people were at potential risk because staff did not have the most appropriate information and guidance. Quality assurance audits were carried out regularly. Some of those completed were inaccurate, recording information as being present when it was not. Branch audits were also regular. Specific issues identified were addressed but the service failed to identify that some specific issues were actually more widespread.

We identified two breaches of the regulations. Safe recruitment practices were not always followed and governance systems were not effective. You can see what action we told the provider to take at the back of the full version of the report.

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

Rating at last inspection: Good (July 2017).

Why we inspected: This was a responsive, focussed inspection prompted by a notification of an incident in which a person using the service was subject to alleged abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of safe care and risk. This inspection examined those risks. This has been reported on under the safe and well led domains only.

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.

Safer recruitment practices had not always been followed. Risk assessments and care plans were not always accurate.

However people told us they were very happy with the care and support they received and were confident they could report any concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Records were not always accurate and up to date. Quality assurance processes were in place however they were not effective.

People and staff were given opportunities to feedback about the service

Requires Improvement ●

Mayfair Homecare - Newbury

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. The inspection was prompted in part by notification of an incident following which a person using the service was subject to abuse. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of safe care and risk. This inspection examined those risks.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Mayfair Homecare - Newbury is a domiciliary care agency (DCA) providing care and support to people living in their own homes. It provides a service to older adults.

The service did not have a manager registered with the Care Quality Commission. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in July 2017. This included details about incidents the provider must notify us about. We had not asked the provider to complete a Provider Information Return.

During the inspection we spoke with three people using the service and one family member. We spoke with five care staff, a training manager, the area manager and the manager. We reviewed four people's care and

support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. We also spoke with the local authority safeguarding team and commissioners.

Is the service safe?

Our findings

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

Requires Improvement: People were not always safe and protected from avoidable harm. Legal requirements were always met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe. They told us "They have really looked after me" and "I like all the carers, they are very caring and very good". One person told us they didn't like change so when new staff were coming, they came with staff they already knew to introduce them, "I couldn't praise them any higher".
- ☐ People were supported by staff who had received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. In response to the recent incident of concern, the provider had ensured that all staff received refresher training which was a classroom based session. People's knowledge and understanding of the training was tested by means of discussion and a quiz. The trainer reported to us that all staff members had passed with high scores. Staff told us "safeguarding training is always in my head, safety is such a big risk. "
- ☐ Staff said they had always felt confident to raise concerns about poor care with the previous registered manager. They said the new manager had not been in post very long but they had no reason to think they wouldn't respond to concerns in the same way. Staff told us if they noticed any poor practice they would be confident to address this with their colleague, however they some did say they might not report it to the office. We spoke with the manager about this. They told us that conversations were being held with all staff in supervision, to assist them to understand the need to report everything to management.

Assessing risk, safety monitoring and management

- ☐ Risks to people were identified and staff were aware of how to mitigate them. Written risks assessments were in place for people, however, they were not all completed fully or personalised. When specific risks such as mobility were identified, most care plans provided clear guidance for staff on how to reduce the risk of harm to people. However, in two care plans the person's skin integrity had been identified as being at high risk of breaking down and that a skin monitoring assessment was required. However, these had not been completed. Some generic risk assessments had standard responses which had not been personalised to the specific individual.
- ☐ A number of the people supported required two carers to support them. Until recently there had been no risk assessment of which staff should carry out the calls. For example, two male carers providing intimate personal care for a female had not been risk assessed and there had been no record of any discussion with the person to determine if they were happy and had consented to male carers. The people we spoke with told us that they were able to request the gender of the staff members providing them with personal care. Staff confirmed they knew which people preferred male or female carers and that this was recorded on the office system. Recent changes meant people requiring support from two carers now always had a female carer present. We spoke with the manager about the lack of records of people agreeing to cross gender care.

They agreed that this would be addressed.

- In response to the concern raised and the police investigation, the manager and provider were in the process of reviewing risk management and had made a number of changes prior to our inspection. Following our inspection, we were sent further evidence to demonstrate that improvements were in progress.

Staffing and recruitment

- People were supported by staff they knew and trusted. One person told us "I have two regular carers who I absolutely adore". Another said, "I have the same person most mornings". None of the people we spoke with raised concerns about missed calls or carers being very late or short of time. One said, "They are mostly on time and usually text if they are going to be late" Another told us "There has been the odd time they have been late, but there is an explanation". One person said they felt that the office did not always arrange the carers to come at their preferred time, however the carers usually managed to sort it out.
- There were enough staff employed to provide people with the support they needed. However, following recent concerns investigations had identified that there had been occasions where two staff had been allocated to support a person, but only one had attended. This is being followed up as part of the investigation. Records showed that other calls were being attended as required.
- Safe recruitment processes had not always been followed. The files contained some but not all the information required. Disclosure and barring checks had been completed, as had health questionnaires. Some files did not contain proof of conduct and good character. Full employment history was missing from each file. One file for a person who was from another country was not clear when they had come to the UK to work. There were no dates or country recorded for their previous employment. Three of the files we looked at were for people who had previously lived in another country. One file had references in another language which had been officially translated. However, one had only a character reference which was printed on plain paper addressed 'to whom it may concern'. There was insufficient information to enable the provider to satisfy themselves of the person's previous employment, conduct and good character. The management explained that a number of staff had transferred to the current provider when the previous company had been bought out in 2016, however no checks had been completed to assure the new provider that safe recruitment practices had been followed.

This is a breach of regulation 19: Fit and proper persons employed.

Using medicines safely

- Where appropriate, people were supported to take their medicines safely and as prescribed. One person told us "The staff help me with my medicines and put cream on my legs every time"
- People's care records contained a list of their medicines. Details of the GP and pharmacy supplying the medicine was in each person's care plan. Who was responsible for ordering and managing the stock of medication was also recorded.
- Details of how people liked to be supported to take their medicines was also clear, for example. 'Tip the tablets onto a spoon for [person] to take with a drink of water'. Staff told us that if there were any changes to people's medicines they would receive a text message as well as check the care plan.

Preventing and controlling infection

- People were supported by staff who had all been trained in infection prevention and control.
- Personal protective equipment was available to staff and used appropriately. This was checked by the

management on observed inspections.

Learning lessons when things go wrong

- ☐ There was a process for reporting accidents and incidents, however few incidents had been reported. The management team told us following the recent concern all staff had been spoken with and offered the opportunity to share any concerns. They had all been reminded of the need to report all concerns, no matter how small.
- ☐ Where concerns had been raised records showed that investigations had been carried out and processes put in place to prevent a similar occurrence.

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: The service was not consistently managed and well-led. Leaders and the culture they created was intended to promote high quality, person-centred care. However, the governance systems in place were not always effective.

Planning and promoting person-centred, high-quality care and support.

- ☐ People's support needs were assessed prior to receiving a service. Care plans were detailed and clearly written with the person or a family member where applicable. Information documented what support the person needed and how they preferred the support to be given, this promoted independence and involvement.
- ☐ Daily log records showed that staff were following the care plan and that they also checked with the person that they had everything they needed and to their liking. However, they were also very task focussed recording what the carer had done rather than how the person was and if the support given had met their needs.
- ☐ People we spoke with had high praise for the carers. The staff we spoke with were committed to delivering good care. One said, "We are one of the better companies, I'm proud of that and won't stand for poor care"

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

- ☐ The rating of the previous inspection was displayed as required
- ☐ The registered manager understood their responsibilities to notify us of certain events and notifications had been made in line with the regulations.
- ☐ There was a clear quality assurance and governance process in place, however it was not always effective. The staff recruitment files we looked at had been audited in the last 12 months by the office staff. The audit showed that all required information was in place when it was not.
- ☐ One of the care files we looked at had been audited by the office staff within the last 12 months. The audit confirmed that the original care plan and risk assessment was still accurate however it was not. The recorded plan of support stated that the person required two people at each visit for the full duration. What the person actually received, was one staff member starting the visit to assist the person to eat before a second staff member joined them to support the person to mobilise. The manager confirmed the recorded care plan was inaccurate. The daily care records demonstrated the person received the correct support. This had not been identified in the audit and there was a risk the person would not get the support they required because it had not been recorded accurately.
- ☐ Staff had received regular supervisions and spot checks. Until recently these were completed but with very little information. Where issues had been raised by staff or management, they had been written down

but there was no record to show that management had acted on the concern or if it had been resolved. Following the concerns raised, the manager was working on completing a supervision and spot check with each member of staff. The most recent records were much more detailed and it was clear what had been discussed and if any issues needed resolving and how this was going to be done.

- Branch audits were completed by a member of the provider management team. These had been completed at regular intervals and the action taken had been recorded. However, action had only been taken against individual concerns, it had not been considered that an error in one file may be replicated in others. For example, in July 2018 the branch audit identified that three of the ten files reviewed had incorrect fire risk assessments. In January 2019 a further 10 files had been reviewed and seven had incorrect fire risk assessments.

This is a breach of regulation 17: Good Governance

- We discussed our concerns with the management team who explained they were aware of the issues identified with records and the governance system. We saw evidence that improvement plans had been put in place and work had begun on these.

Engaging and involving people using the service, the public and staff.

- People reported being generally very happy with the service they received from the provider. Recent surveys had been completed and feedback was positive. People told us they were "very happy with the service" and that they "had no complaints".
- The new manager told us they were spending time going to meet all of the clients to introduce herself so they could put a face to the name.
- People generally spoke highly of the previous registered manager and the person in the process of registering to be manager. One person did tell us they felt that staff were not always as well supported by the office staff as they should be. They said, "The carers are absolutely brilliant, I can't fault them but the scheduling is not always as it would need to be, the office needs a bit of work."
- Staff meetings were regular and staff had the opportunity to raise concerns. Notes of the meetings were taken. These evidenced that where concerns had been raised by people, or through the audits, staff were made aware and the concerns were addressed.
- One repeated topic for discussion in the team meetings was professional boundaries due to concerns being raised more than once about staff having inappropriate discussions in front of people and general gossip. It was clear from the records that this had been discussed at team meetings on several occasions, however there was no clear record where the concerns had come from or if they had been resolved.

Working in partnership with others

- The provider worked well with health care professionals and the local authority. They responded appropriately to the current concerns and were working with all others involved in the investigations.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1) (2) b, c. The systems to assess and monitor the service was not effective. Risks were not adequately assessed and monitored and records were not always accurate.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) a. Safe recruitment practices had not been followed. The provider could not assure themselves that robust pre employment checks had been completed for all staff.</p>