

Sevacare (UK) Limited

Mayfair Homecare - Islington

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mayfair Homecare - Islington is a domiciliary care agency. The provider for the agency is Sevacare (UK) Limited. The agency provides personal care to people living in their own houses and flats in the community. It provides a service to people living with dementia, learning disabilities or autistic spectrum conditions as well as physical disability and sensory impairment. There were approximately 259 people using the service at the time of our inspection. The provision of personal care is regulated by the Care Quality Commission. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Some aspects of the service management and provision needed to improve. These included dealing with complaints, care calls scheduling and changes and communication with the agency's office staff.

The agency needed to improve how they managed people's PRN (as required) medicines. The agency introduced medicines audits. However, these were not always fully effective in identifying issues with medicines management. Improvements were made in how the agency managed people's regular medicines.

The agency had not dealt with verbal complaints effectively and action was not always taken by the agency to address issues raised by people. We noted that formal written complaints were dealt with promptly and as required by the provider's complaints policy.

Further improvements were needed to ensure staff were provided with sufficient and specific guidelines on how to manage and minimise risks to health and wellbeing of people who used the service.

The providers policy on dealing with people's money had not always been followed and there was no managerial oversight of all monetary transactions carried out on behalf of people. Therefore, people and staff were not always protected from the risk of abuse. The registered manager acted on known safeguarding concerns. Appropriate referrals and notifications on safeguarding had been made to the local authority and the CQC as required.

There were sufficient staff to support people. However, the agency needed to further improve to ensure there was continuity of care and effective communication with people, when care staff or the time of a call visit had changed.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice. Although staff involved people in making decisions about their care, often care

was provided assuming that people's routines were always the same.

General feedback from people showed staff were caring and friendly. Overall people were happy with regular staff supporting them. Some staff's conduct suggested their understanding of professional boundaries needed to improve. The provider informed us that training in professional boundaries for all staff employed was due shortly.

Information about people's preferred way of communication had been reflected in their care plans. However, these had not always been taken into consideration when communicating with people about their care.

Managers were provided with information about their roles and responsibilities. However, further work was required to ensure effective quality monitoring systems were in place for all aspects of the service delivery.

There were systems to protect people from harm. Staff were recruited safely, accidents and incidents were reported and analysed, and infection control measures were used by staff to avoid infection.

When people had the capacity, they had signed their care plans to show they consented to care provided by the agency.

People's needs, and preferences had been assessed before they started using the service.

Staff received induction and mandatory training to help them to support people. Further support was provided in the form of spot checks, supervision and appraisal of staff work.

People were supported to live a healthy life. This included providing people with sufficient food and drink as well as enabling contact with healthcare professionals when required.

People's privacy and dignity was protected when providing personal care.

Each person using the service had a person centred care plan. These plans included information about people's care needs, their personal likes and dislikes and information on how people would like the care to be provided.

There were yearly service users and staff surveys carried out. People using the service and staff were encouraged to give their feedback about the service provided by the agency.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 June 2018). This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected: This was a planned inspection based on the previous rating.

We carried out a comprehensive inspection of this service on 7 and 8 March 2018 (published 20 June 2018). and found breaches of regulations. We issued the service with a warning notice in respect of one breach we

found. This was in relation to the assessment and management of risks to the health and safety of people using the service, poor management of people's medicines and management of accidents and incidents. During this comprehensive inspection of the service we checked whether the service had met the warning notice.

We found some improvements had been made and therefore the agency had met the Warning Notice. However, some aspects of the service provision needed further improvements to fully meet the requirements of the Regulations.

We found four breaches of regulations of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We made three recommendations about handling people's money, the Accessible Information Standard and effective quality monitoring of the service provided.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mayfair Homecare Islington on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Mayfair Homecare - Islington

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by four inspectors, one specialist advisor, one pharmacy inspector and six Experts 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.

Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine members of staff including the care director, the registered manager, two care coordinators and five care staff.

We reviewed a range of records. This included 22 people's care records and multiple medication records. We looked at 12 staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with 42 people who used the service and 25 relatives about their experience of the care provided. We also spoke with further five staff members and received email feedback from four care staff. We received feedback from one professional who works closely with the service.

We continued to seek clarification from the provider to validate evidence found. We also looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same, requires improvement. This meant 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.

Using medicines safely

At our last inspection the provider did not manage medicines safely and people were at risk of receiving their medicines not as intended by a prescriber. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

There was no system in place to ensure information about "when required" (PRN) medicines for each person was up to date in people's care files. This meant the provider could not be assured that changes made by prescribers to "when required" medicines were being actioned within the service.

- The Medicines Administration Policy was not always being followed in the case of PRN medicines. The policy stated that for all people on PRN medicines a PRN protocol should be kept with the Medicines Record Chart (MRC). We saw the MRC for five people on PRN medicines, none had a PRN protocol. In some cases PRN medicines, for example creams, were not listed on the MRC but were documented in communication notes made by care staff.
- Where people's medicines changed, their medicines risk assessments were not always updated to reflect this change as is required by the national guidelines. This meant carers did not always have the relevant information regarding the risks associated with medicines.
- The provider had introduced regular, monthly audits of people's medicines. However, in the case of three audits not all issues had been identified by the auditor.

We found no evidence that people had been harmed. However, systems relating to management of medicines were not robust enough to demonstrate people were fully protected from unsafe use of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the last inspection the provider implemented a system whereby, each month, an up to date list of the blister pack and regular medicines was obtained for each person receiving support with their medicines.
- MRC were populated and updated by an appropriately trained member of staff. Each MRC we reviewed contained lists of individual medicines including instructions how to administer it as required by the national guidelines.
- The Medicines Administration Policy had been updated and had information to help staff to support people with their medicines.
- Staff received medicines training and competency assessment every three years. The provider told us this would be changed this year to an annual process. This was in response to the changes in the NICE guidance

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, not enough improvement had been made overall and the provider was still in breach of regulation 12.

- The risk management planning needed to improve further to ensure staff were provided with enough guidance on how to manage identified risks. This was especially in relation to risk management strategies around managing behaviour that could challenge the service and specific medical conditions, for example, epilepsy or severe skin conditions. We noted staff were provided with risk reduction measures for more commonly identified risks, for example, risk of falls or nutrition. We discussed this with the managers during our visit. They were responsive to our feedback and said they would address it.

We recommend the provider consider current guidance and specialist input on how to manage risks to health and wellbeing of people using the service and staff.

We found no evidence that people had been harmed. However, risk management needed more specialist input as it was not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people's health and wellbeing had been identified. These were reflected in people's risk assessments and incorporated in people's care plans.
- The risk assessments we saw related to people's physical and mental health and the environment they lived in. These included moving and handling, mobility, risk of falls, nutrition and risks related to individual medical conditions.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of financial abuse. When staff supported people with financial transactions, for example, grocery shopping, this was not always clearly agreed in people's care plans.
- Staff carried out monetary transactions, on behalf of people without instructions and directions from the responsible manager. This was required by the provider's policy on dealing with people's money.
- The provider's policy had not included guidelines and directives for the managers on how to monitor financial transactions made on behalf of people who used the service. Therefore, there was no appropriate managerial oversight to ensure all transactions were carried out as required and that people were protected from the risks of financial abuse.

We recommend that the provider considers current guidance on safe handling of people's money and managerial oversight of financial transactions on behalf of people.

- Most people using the service and their relatives said people were safe with staff supporting them. One person said, "I have felt safe with them all. If I didn't feel safe I would let them know." One relative said, "Yes I do feel safe. It's the way they treat [my relative]; they're kind and caring and quite friendly." However, three people said they felt less safe with some staff members. They said they notified the agency about this.

Following our visit, we contacted the registered manager to bring people's feedback to their attention. They told us they would ensure only suitable staff supported people, so people could feel safe and comfortable in their individual homes.

- The provider had a safeguarding policy to guide staff and the managers on what to do if people were at risk of harm.
- Staff received safeguarding training. Staff we spoke with had a good understanding of their responsibility in relation to protecting people from harm.
- The registered manager had dealt with identified safeguarding concerns promptly and took action to protect people. They had also notified the local authority and the CQC when any safeguarding concerns had been identified.

Learning lessons when things go wrong

At our last inspection the provider's system for the management of accidents and incidents was not always followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and the provider was no longer in breach of this aspect of Regulation 12.

- There was an accidents and incidents policy in place and staff knew how to report accidents and incidents.
- Accidents and incidents had been recorded. Information included description of what had happened, what action had been taken and what improvements were needed to reduce the risk of the situation reoccurring.
- The provider had a centralised system in place to ensure accidents and incidents had been monitored, analysed and any possible trends and patterns had been identified.

Staffing and recruitment

- Staff employed underwent appropriate recruitment checks before they could commence work at the agency. These included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- We however noted that there were instances where staff employed had not completed their application form fully with details of their previous employment. There was therefore a risk that they were not always suitable to provide people's care. We raised this with the registered manager and she advised that the agency would ensure that prospective employees completed the form fully before recruiting them.
- The agency had sufficient staff to support people's safely and in a timely manner. Rotas showed that the same staff usually covered 70-80% care visits. There was a system in place to help identify which care staff would be best suited to cover care visits if a usual staff could not attend a visit. This was to ensure the continuity of care for people.
- The agency had an electronic monitoring system in place which allowed them to monitor the level of late, early and missed care visits. The system's report showed that 84% of calls between January and April 2019 were within 15 minutes either side of the designated time in care plans. The registered manager informed us there had been ongoing work carried out to improve staff timing. However, people and their relatives told us staff changes and earlier or late calls happened more often than they would expect. We fed this back to the registered manager who assured us the improvement work would continue.

Preventing and controlling infection

- There was an infection control policy to guide staff on how to minimise the risk of infection.
- Infection control training had been provided for staff. Staff we spoke with were aware of infection control

measures, such as, using hand gel and hand washing. They said they also used personal protection equipment (PPE), for example gloves and aprons.

- People using the service and their relatives confirmed that staff used PPE when providing care.

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection the provider had not always acted in accordance with the principles of MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvements had been made and the provider was still in breach of Regulation 11.

- We received mixed feedback about staff asking people for their consent before giving care. Some people and relatives said staff asked for permission. One person told us, "They always ask [my consent] and involve me." A relative said, "Yes they always ask [my relative's] permission." However, most people said staff completed their tasks automatically without discussing it with them. Some comments included, "The carer doesn't ask questions. He knows what to do. He knows what. I want it's pretty automatic" and "Oh no. They just come and ask are you ready, that is the majority of them [care staff]."
- Staff were not given enough information on what decisions people could make and how to support people in making these decisions. There was a mental capacity assessment in people's files confirming they did not have capacity to make decisions about their care. The decision sections in these assessments had brief statements about the care package. There was no reference to specific decisions or to the management of specific concerns. One person's assessment said, "care to be provided in line with her needs". Some documents referred to family members making best interest's decisions for people. However, the document did not explain what these decisions were.
- Staff were not always provided with up to date information about people's mental capacity. In two cases people's circumstances had changed as their health deteriorated. Their mental capacity assessments had not been reviewed to reflect the change.
- In two cases people's relatives signed their consent for care, however there was no evidence to show they had the legal authority to do so.

We found no evidence that people had been harmed. However, the above evidence shows that the provider had not always acted in accordance with the MCA 2005. This was a continued breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When people had been assessed as not having capacity, this was considered when planning their care. For example, two people could present with disorientation and lack of awareness due to dementia. Their care plans showed that their medicines were stored in a safe place. This was to protect people from an accidental misuse of their medicines.
- Staff received training in the MCA. Staff we spoke with understood the principles of the Act.
- When people had the capacity, they had signed their care plans to show their consent to care provided by the agency.

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

- People's needs, and preferences had been assessed before they started using the service.
- Assessment documentation was holistic and included description of people's physical, mental needs and the support required.
- Most people and relatives confirmed that the agency had met with them to discuss people's needs and the support needed. However, a few people said the initial assessment was carried out by hospital or referring social services and not the agency.

Staff support: induction, training, skills and experience

- Most staff spoke positively about the training they had received. One care staff said, "The training was good. I can't criticise it. We do refreshers and I am up to date." Another care staff told us, "Induction was for one week. I learnt about the systems, got to meet people who we care for and staff. The induction helped me." However, we found that when staff supported people with epilepsy, they were not provided with training on epilepsy. Staff said they would like to. The registered manager confirmed the training was not provided. The care director informed us that this training was planned for the whole staff team later in 2019.
- Staff received a combination of online and classroom-based training provided by the organisation's internal trainer. We saw a copy of the training matrix which showed that care staff had completed training considered mandatory by the provider. The training covered a range of areas, including infection control, medicines administration, first aid, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA). Training provided was in line with The Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
- Newly employed staff received training and an induction to the agency. They also shadowed their more experienced colleagues for three days before they started supporting people independently.
- Newly employed staff also received a 'Set up' meeting with a senior member of staff after their induction and training. This was to check how the care staff was progressing, their knowledge and to discuss any queries they may have. The registered manager explained that this was to support newly employed staff.
- Staff were supported through a variety of checks which included supervisions, spot checks and a yearly appraisal of their development and performance.
- The registered manager explained that office staff had regular contact with care staff via email and telephone. Care staff also visited the office on a weekly basis to pick up their rota and this gave management an opportunity to speak with care staff regularly.

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

- People were supported to have a nutritious diet that met their needs and preferences. Comments from people and their relatives included, "They make me a sandwich. I tell them what I want to eat" and "Carers have on occasions done breakfast and lunch. If they are doing the evening meal, carers give my relative a

choice of ready meals that we left for him".

- People told us that regardless of the care plan agreements, staff typically offered people a cold or hot drink depending on what people preferred.
- Care plans included information on people's dietary needs and choices. Therefore, staff were provided with information on what food people could and liked to eat.
- Respective risk assessments included information on risks related to providing people with food and drink. These also reflected any medical conditions related to food intake, for example, diabetes.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them in having access to healthcare services when needed. People said, "I had a problem with my leg and the carer was very worried about it, so she called the doctor for me" and "They're observant and will discuss things they notice with me and they'd speak to the office."
- People's care plans included prompts for staff to observe people's health and wellbeing. Staff were reminded to immediately report to the agency if people's health deteriorated, needs changed or if they needed additional support.
- Staff told us they would take action if they thought people's health deteriorated. One staff member told us, "I am aware of the emergency procedures. I would call the ambulance if someone was unwell. Definitely."

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were supported and treated with dignity and respect.

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

- Some staff conduct, for example discussing personal work struggles with people using the service, showed that their understanding of professional boundaries needed to improve. We discussed this with the managers during our visit. They informed us that they were aware of this training need. The provider was arranging training in maintaining professional boundaries for all staff employed.
- People and relatives spoke positively about regular staff supporting them. One person said, "Carers seem friendly and they just get on with things. They are respectful and check that I am ok." A relative said, "When the carer came in and he had my [relative] laughing I was really pleased. And they're still doing it now." However, people and relatives also said that the lack of regular care staff at weekends made building of a positive and friendly relationship with them difficult.
- Staff showed their concern about people's health and wellbeing. When needed staff acted to ensure people received the support they needed. One person told us, "A few months ago, [my relative] was not feeling well and they told the office. Turns out he needed to be admitted to hospital. Carers waited with him until the ambulance came."
- Staff at Mayfair Homecare Islington received the highest number of domiciliary care nominations for a Dignity in Care Awards 2019. This award is presented yearly by the local authority and nominations are made by people who use the service. One professional told us, "Mayfair Islington branch definitely has care workers who are caring, and who service users appreciate."

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

- People and relatives said they were consulted on how they would like their care to be provided. People said, "I had input into my care needs, so they follow what I want" and "The regular carer consults me as to what I want and she listens to my views."
- People's care plans reflected their needs and preferences on how they would like to receive care. One person's care plan quoted the person as follows, "I will advise the carer whether I want to stay out of bed or go back to bed".

Respecting and promoting people's privacy, dignity and independence

- People said staff respected their privacy and dignity when visiting them and providing care. They said, "They cover me and make sure I'm comfortable" and "It is very hard to maintain your privacy when someone is showering you. Yes [the care staff] is very respectful and friendly."
- People could choose if a female or male staff supported them.
- Staff we spoke with were aware how to ensure people's privacy was protected and that people felt respected. They said when providing personal care they would close the door and cover a person, so the

person did not feel exposed.

- Staff understood and recognised the need to be respectful towards the rules and customs related to individual cultures of people who use the service.
- Staff knew how to encourage and empower people to be independent as much as they could. Some of their comments included, "If people are capable I encourage them to do things themselves, for example a cup of tea" and "I ask people to do for themselves what they can and I give them the time to do it." Some daily care records made frequent reference to care staff having a chat with people and supporting them in maximising their independence. One person's records showed that a care staff had encouraged the person to make tea and toast.

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Requires Improvement

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same, requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection, we recommended the provider sought advice and guidance from a reputable source, about the management of and learning from complaints. At this inspection we found the provider had not made enough improvements.

- Most people and their relatives confirmed they were provided with a complaints policy and they knew how to raise concerns with the agency. However, one person said they were unable to familiarise themselves with this policy, as it was provided in a format they could not read.
- Verbal complaints from people and their relatives had not always been dealt with effectively. Seven people and three relatives told us they had made verbal complaints and no effective action was taken by the agency. One person said, "I have made complaints by phone, but nothing is really done about it because I never get a call back. I just keep chasing them." A relative told us, "I have complained about the [visits] times but I doubt they would do anything about it".

This meant the provider had failed to make sufficient improvements to how they dealt with complaints received from people using the service and their relatives. This was a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The agency received six formally logged complaints since the last inspection. We saw the complaints had been dealt with promptly and according to the provider's policy. Relevant documentation related to dealing with complaints had been available for the inspection team to view during our visit. These included details of investigations and actions taken following each complaint.
- Senior staff members we spoke with were aware of the complaints' procedure. They knew what action to take if a person using the service or a relative made a complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection, we recommended the provider sought further support and guidelines on formulation of person centred and individualised care plans for people who used the service. The provider had made improvements, but more improvements were needed.

- The agency had not always provided staff with information about people's care needs prior to staff visiting

people. Staff said they read care plans in people's homes and asked people about the support they needed. However, as a result the length of time for providing care could be affected. One person told us, "With just half an hour not a lot can be done – if I have to explain everything there is only about twenty minutes to implement their tasks." We fed this back to the registered manager during the inspection. They assured us the agency's protocol required information being forwarded to staff before they visited people. They said, they would investigate why this had not always happened.

- Staff we spoke with had a good understanding of needs of people they visited regularly.
- People's care plans were person centred. They contained information on what people's needs were, including health needs, personal care, nutrition, medicines and other support needed.
- Care plans provided a personalised picture of people outlining their background, family relationships, previous occupation, interests and other significant information.
- Care plans described people's likes and dislikes and the way people preferred to be supported. Care staff were provided with guidance about care activities specific to the type of support each person needed, for example, help to wash and dress, medicines and nutrition support. Support tasks lists within the care plans provided clear reminders for staff about what type of support was required at specific days and times of each day.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs had been included in people's care plans.
- The agency managers did not all have a good understanding of the AIS as not all of them were aware of this requirement until the inspection team explained it.
- The regional director told us that the provider could provide information in different formats and languages through the company headquarters if requested. We saw no evidence of this and were told that no-one using the service required information in other formats at present. However, one person told us, they were unable to read information given to them by the agency as it was in a format that did not meet the person's communication needs.

We recommend the provider seek guidelines from a reputable source about meeting the Accessible Information Standard.

Supporting people to avoid social isolation

- The main support provided to people included help with personal care and housekeeping tasks. However, when possible, staff supported people to access the community to avoid social isolation. People told us, "A couple of the carers have offered to take me round the park but I said no" and "I go out with the carer to do my shopping."

End of life care and support

- The registered manager told us there were no people receiving end of life care at the time of our visit.
- End of life training had been booked for staff in June 2019. The aim was to help staff to support people if they wished to make plans and decisions on what they would like to happen in case they passed away.

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.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same, requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had not operated effective systems to monitor the quality of the service, assess, monitor and mitigate the risks to people and did not analyse feedback received from people who used the service to drive improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found not all shortfalls related to this regulation had been addressed and the provider was still in breach of Regulation 17.

- Most people said that aspects of the service management needed to improve. These were related to dealing with complaints raised by people and relatives, calls scheduling and communication. One person said, "It's OK, but they need to improve on continuity, communication and action."
- The provider's checks and quality assurance systems had not identified that staff were not briefed about people's care needs and care tasks before visiting people for the first time. Such a briefing would enable care staff to deliver safe care to people and spend less time reading the records. People were also not always notified about staff changes or introduced to new staff. Consequently, they had not been able to address these shortfalls.
- Most people and relatives thought the agency did not act on their feedback and no action was taken to address the issues. People said, "I'd give the carers 9 out of 10 and 4 out of 10 for the office" and "They [office staff] don't do anything about anything."
- Most people and relatives said that the communication by the office staff with people and their relatives needed to improve. They said, "My biggest complaint is communication, they are not good at that at all" and "They are not very professional at times. Messages I've left go unanswered."
- Staff also felt the communication with the office staff needed to improve. This was especially related to planning of care calls and providing staff with information on what care needed to be provided to people before visiting them.
- People, relatives and staff all felt the out of hours support was not always effective. One person said, "I speak to the controller on the weekend because there are no managers at the office. But come Monday, I would have to call again, and they are busy, I still don't get them." Staff told us, "The out of hours staff is not always nice, unless they want calls to be covered."

We found no evidence that people had been harmed, however, systems around communication, dealing with complaints and calls scheduling were still not effective. The quality of the service delivered was affected. This demonstrates a continuing breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also received positive feedback from people and relatives. This was mostly related to the quality of care provided by staff supporting people on a regular basis.

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

- A range of quality checks had been introduced to ensure ongoing monitoring of the quality of the service. These included the provider's audits, spot checks of staff's direct work with people, care plans and daily care records audits. We saw an improvement plan had been formulated and regularly reviewed by the registered manager. This was to ensure improvements had been acted on.
- Further improvements were needed in relation to medicines audits, financial transaction monitoring and managing and learning from complaints received.

We recommend that the agency seeks guidance from a reputable source about effective quality monitoring and checks.

- Improvements were still required in relation to assessment and management of risk to people. However, we noted work had been done by the agency to ensure that shortfalls within this area of the service delivery were addressed.
- The CQC rating from the previous inspection was displayed as required by the law.
- The registered manager had submitted notifications to the Commission as required by the regulations and the CQC guidelines.
- Staff and managers were provided with their role descriptions. Therefore, they had information on what was expected from them and what their responsibilities and accountabilities were.
- There was a range of policies and procedures related to the service delivery which were made available to staff. We saw these were reviewed within the last 12 months.

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

- The agency carried out service users surveys. The latest took place in October 2018. 23% of people using the service responded. We noted that some people using the service told us they had not received the survey. Over 84% of respondents said they were satisfied with the staff supporting them and the service provided. There was an action plan in place to address shortfalls found during the survey. These included timescales with which care plans had been reviewed, staff professional behaviour and the lack of service users' guides at people's homes.
- An Employee Satisfaction Survey took place in 2019 and 24 staff responded. The overall outcome was positive and staff who responded were satisfied with working for the service.
- Staff could also provide feedback and discuss matters related to the service provision in quarterly team meeting and individual supervisions. Most staff we spoke with were satisfied with the support they received from the agency.
- Staff were updated about matters related to the service delivery and care provided via the agency's newsletter and memos sent to staff by the managers.

Continuous learning and improving care

- The managers at Mayfair Homecare Islington were receptive to the feedback received during the inspection.
- The service had started to make improvements to address shortfalls found during our previous visit. However, further areas for improvement have been identified during this inspection. This showed that the agency needs to demonstrate that the improvements made are sustained over a longer period of time and cover all areas of the service delivery. We will review this at our next inspection.

Working in partnership with others

- When needed the agency worked in partnership with other agencies and external health and social care professionals. One professional told us, "Mayfair are good at recognising a change in a service user's circumstances and escalating if needed. Complex cases are discussed to look for the best solutions to meeting the needs of the service users."

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not always ensure that care and treatment was provided in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11 (1) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because, they did not do all that was reasonably practical to mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> <p>They had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had not ensured that people's complaints were dealt with promptly and to their satisfaction.</p> <p>Regulation 16 (1) (2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>The registered person did not operate effective systems for analysing feedback received from people using the service and use it to drive improvements in the quality and safety of the service.</p> <p>Regulation 17 (2) (e)</p>