

Mayfair Homecare Limited

Mayfair Homecare - Lewisham

Inspection report

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19 May 2022

20 May 2022

27 May 2022

30 June 2022

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30 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Mayfair Homecare – Lewisham is a domiciliary care service providing personal care to people living in their own homes. 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. At the time of the inspection 41 people were receiving personal care.

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

People were supported with their personal care needs and other assistance they required in a kind and respectful manner.

Staff received safeguarding training and knew how to protect people from the risk of abuse, harm and neglect.

Systems were in place to promote people's safety and mitigate any identified risks. This included safe support with receiving their prescribed medicines and appropriate measures were in place to protect people from the risk of infection.

People had developed positive relationships with care staff, who they described as "lovely" and "caring." Staff were properly recruited, and provided with relevant training and supervision to carry out their roles.

People were supported to meet their nutritional and hydration needs where this formed part of their agreed care plan.

Staff were given training and guidance about people's healthcare needs to assist them to identify if people were not well and needed to be referred for external healthcare support.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People and their chosen representatives where applicable were supported to take part in the planning and reviewing of their care plans, wherever possible. Care plans clearly demonstrated that people were consulted about their needs and wishes.

People were aware of how to make a complaint and felt assured the registered manager would act promptly and thoughtfully to address any concerns.

The service was well-managed. People were asked for their opinions about the quality of their care and

support. People were comfortable about contacting the office with any queries if necessary and were confident about receiving a polite and timely response.

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

Rating at last inspection

This service was registered with us on 6 September 2019 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 3 July 2019.

Why we inspected

This was a planned inspection following registration to rate the service.

Follow-up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Mayfair Homecare - Lewisham

Detailed findings

Background to this 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 two inspectors 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 service.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the service. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager or another senior staff member would be in the office to support the inspection.

Inspection activity commenced on 19 May 2022 with a visit to the office location and concluded on 30 June 2022.

What we did before the inspection

We reviewed the information we held about the service, for example any notifications the provider is required by law to send to us. We used the information the provider sent us in the provider information

return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with a care coordinator, an administrator, the registered manager and the regional care manager. We reviewed a range of records, which included the care records for four people using the service. We looked at five staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service including 'spot check' visits reports, the complaints log and policies and procedures were reviewed.

Following the site inspection visit, we continued to seek clarification from the provider to validate evidence found. We spoke by telephone with seven people who used the service and two relatives. We also spoke with four members of the care staff team. We contacted health and social care professionals with knowledge and experience of the service and received written comments from one professional. We held a remote meeting on 30 June 2022 with the registered manager and a director to provide feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Robust systems were in place to protect people from the risk of abuse and harm. Staff received safeguarding training and informed us how they identified different types of abuse. Staff stated they would immediately contact the office team if they had any safeguarding concerns and were confident appropriate action would be taken to protect people.
- People who used the service told us they felt safe as their care staff were kind and caring. Comments included, "I have been having them for [several years] and I am very happy with them all. I do feel very safe with them just by the way they behave towards me" and "I feel very safe with them all, it's the way they help me and talk to me and tell me everything will be ok, which really builds up my confidence."
- The registered manager understood her responsibilities in relation to protecting people who used the service and ensuring their safety, which included reporting concerns to the local authority in a timely way. Staff were given guidance about how to whistle blow and clearly explained their understanding of whistleblowing to us. Whistleblowing is the term used to describe when an employee raises a concern about wrongdoing at their workplace.

Assessing risk, safety monitoring and management

- Detailed processes were in place to identify risks to people's safety and mitigate these risks. Care and support plans' contained risk management information to enable staff to deliver safer care. For example, there was guidance for staff to support people at risk of falls, malnutrition and developing pressure ulcers. These risk assessments were kept under review and updated when necessary.
- Risk assessments were conducted to identify and address environmental risks within people's homes. This included inadequate indoor lighting or ventilation, or loose rugs and other obstacles that people and care staff could trip over.

Staffing and recruitment

- Robust systems were used to ensure an adequate number of staff with suitable experience and backgrounds were employed to appropriately meet people's needs. Recruitment records showed the provider acquired at least two suitable references which were verified for authenticity, proof of identity and right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- People who used the service and their relatives told us care staff were usually punctual and stayed for the allocated time. A relative told us, "Sometimes they are running a bit late but they always call and let us know so that is not an issue and we have not ever had a missed visit."

- The registered manager told us recruiting new staff had been challenging at times following the most acute period of the COVID-19 pandemic. The provider was actively and successfully recruiting care staff at the time of the inspection. The registered manager confirmed she always ensured there were sufficient staff with suitable experience to safely meet people's needs before taking on any new care packages to provide people with personal care.

Using medicines safely

- People were safely supported with their prescribed medicines. Care staff confirmed they received medicines training and their practice was periodically observed and assessed by the management team to check their competency. People told us they were satisfied with how the service supported them with taking their medicines, including topical creams applied by care staff following assistance with personal care.
- The management team audited medicine administration records to ensure people received their medicines support in accordance with the provider's medicine policy and procedures and the prescribers' instructions. Staff told us they received medicines training and were advised by the provider to contact their line managers if they had any concerns in relation to people's medicines.

Preventing and controlling infection

- People were protected from the risk of infection by staff who understood the need to adhere to appropriate infection control practices, including good hand washing techniques and using personal protective equipment (PPE). Staff told us they had received infection prevention and control (IPC) training and they were supplied with ample amounts of PPE, including masks, gloves and anti-bacterial hand gel.
- People who used the service told us they felt assured as their care staff always wore PPE and worked in a hygienic manner.
- Systems were in place to ensure staff undertook twice weekly COVID-19 testing to prevent the spread of infection, in line with current government guidance for social care workers.

Learning lessons when things go wrong

- The provider recorded and analysed any incidents, accidents and other events to identify any lessons learnt to improve care and where necessary, changes were made to people's risk assessments and accompanying care and support plans. For example, people were referred to their GP for assessment if they experienced falls at home so that the underlying cause could be investigated and addressed. People's care and support plans showed where they had been issued new equipment to promote their safety, such as mobility aids and falls sensor mats.
- Staff were clear about their responsibilities if an accident or incident occurred when they were supporting people. Staff told us they would take immediate action to promote the safety of the person and contact appropriate individuals and organisations without delay, for example their line manager and the ambulance service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were established to assess people's needs and wishes in order to develop individual care and support plans. These assessments were detailed and considered people's unique circumstances in addition to their health and social care needs. For example, if they needed visits within specific time frames due to their medicine regime or other important factors.
- People's assessments and accompanying care and support plans were reviewed at least annually and updated as necessary. People's needs were also assessed if changes in their health and wellbeing were noted by their care staff, for example the registered manager informed social services if a person appeared to require additional support and time from staff for assistance with personal care.

Staff support: induction, training, skills and experience

- Staff were supported by the provider to acquire up to date knowledge and skills to effectively meet people's needs. Staff told us they were happy with the standard and scope of mandatory training, as well as other training opportunities including national qualifications in health and social care. A member of the care staff team commented "I have recently done the induction training and it was really good and very detailed. I have worked for other care companies and was impressed with how Mayfair arranged for me to shadow experienced workers and I got great support from [registered manager]."
- People told us they were pleased with the competent and helpful approach of their care workers. Comments included, "I do feel confident that the carers know what they are doing and they do it well" and "They are very knowledgeable about what they do, I would say they are well trained."
- Staff confirmed they received regular one to one supervision from their line managers as well as guidance about how to improve their practice following 'spot check visits' where they were observed providing care and support at people's homes. New staff were supported to undertake the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to meet their nutritional and hydration needs where this formed part of their agreed care and support, as care staff prepared meals, snacks and beverages where required. Staff were provided with relevant information about people's dietary needs and preferences within their care and support plans. This included specific guidance for staff if people were at risk of choking and/or needed particular support due to other health care reasons.
- People and relatives spoke positively about the support given for eating and drinking. One person told us,

"They show me respect in ways such as letting me choose my food or asking me if I prefer tea or coffee" and a relative remarked, "[My family member] says they do breakfast just how [he/she] likes it, which means they eat up well." Staff told us they contacted their line managers if they observed people were not eating and drinking sufficiently as it might be necessary for their GP to be advised.

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

- People received assistance from care staff to access health care services and support where necessary, to enable people to effectively meet their health care needs. Care staff told us they had reported concerns about people's health and wellbeing to their line manager so that their GP or district nurse could be notified. For example, if a person showed symptoms of a possible chest infection or there were visible problems with their urinary catheter.

- Care and support plans held suitable information in relation to people's healthcare needs, for example if a specific health care team were actively involved in their care and treatment. Where applicable care and support plans included guidance and instructions from health care professionals such as tissue viability nurses and occupational therapists. The registered manager told us she regularly liaised with local health care services if care staff had any health care concerns about the people they supported.

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider was working within the principles of the MCA. People were supported to make choices about how their care and support was planned and given wherever possible. The registered manager understood when it was necessary for capacity assessments to be conducted and how to ensure people's care and support was delivered in their best interests if they lacked capacity. Systems were in place to assess and document this information.

- Staff had received MCA training and told us how they sought people's consent before providing personal care and encouraged people to make their own choices about how their personal care was delivered. Staff told us they would contact the registered manager if they felt a person was no longer able to consent to their care, so that the person's mental capacity could be assessed.

- People confirmed they were supported in a way that upheld their rights. People said, "[Care worker] always asks permission from me before she gets on with anything which is really nice" and "They always ask me what to do and don't just do things without telling me. I am very happy with them."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind and thoughtful staff who treated them in a respectful manner. Comments from people using the service and their relatives included, "They are very caring to me and all very kind and I like to talk to them. I feel very comfortable with them all" and "They seem to be caring and treat [family member] very well. They talk to [him/her] really kindly and always with respect, they are very nice people." One person told us staff prepared food for them, in line with their cultural needs and wishes.
- Staff demonstrated to us a clear understanding of people's unique and diverse needs and undertook equality and diversity training. Staff spoke about the essential need to support people as individuals and meet their needs in line with equality legislation including age, disability, race, religion or belief. For example, a staff member told us it was important for a person they supported to have privacy to say their prayers.

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

- The care planning and reviewing process enabled people and their chosen representatives to participate in the planning and reviewing of their care and support. For example, people were consulted about whether they wished to have a care worker of their own gender and this was respected. One person told us, "I did ask for a female carer when I started having them and that's what I get which suits me."
- Care and support plans clearly explained people's individual choices and preferences in relation to their care and support from their care staff.
- People and their chosen representatives were informed by the provider of the details of local advocacy organisations. This information was listed in the Service User Guide. Advocacy services can help people to express their concerns, get information and explore options for their future.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff in a respectful and dignified way which promoted their independence wherever possible. People commented, "They encourage me to do little things for myself such as choosing clothes" and "They are really helpful to me and treat me with respect and encourage me as much as they can."
- Care and support plans provided information for care staff about how people needed to be supported and the aspects of their personal care which they could carry out independently or with verbal prompting and encouragement.
- Staff explained to us how they made sure people's privacy and dignity was maintained during the delivery of personal care. This included enabling people to have handy access to bath towels and dressing gowns when being supported to take a shower and by closing curtains and doors. Staff understood the importance

of not openly identifying people if they were contacted on their mobile phone by their line manager or another authorised individual when in a public place.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- Systems were in place to enable people who used the service to receive personalised care that met their needs and aspirations. Care and support plans were suitably detailed and were reviewed and updated as required.
- People and their relatives were pleased with the way care staff supported them and felt they had developed good relationships with their regularly allocated care staff. Comments included, "The social worker helped to arrange my care plan when I began having them. It's all followed correctly, the manager checks up every month and visits to see how things are going" and "[Family member] has been having them for about two years and I was involved with the care plan and its followed."
- Care and support plans were written with a person-centred approach that considered people's interests, background and how their change in health and wellbeing had impacted on their daily routines. Staff informed us this information was useful to read when they were assigned a new person to support. For example, one care worker told us they discovered a person liked following a sport that their own family was actively involved in. This provided opportunities for enjoyable discussions.
- People were supported to access community resources where this formed part of their agreed care package, for example shopping trips and walks in the local area. The assessments carried out by the provider checked whether people had any interests at home that staff could support them to access, for example if they liked to watch specific television programmes or wished to have a newspaper brought to them.

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. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met people's AIS needs. People's communication needs were assessed as part of their initial assessment and kept under review. Care and support plans provided staff with guidance to meet people's needs, for example if a person needed support to put in their hearing aid or needed access to their reading glasses to look at any written information.
- The registered manager confirmed that documents from the agency such as the Service User Guide and care and support plans could be produced in different formats to address people's needs, for example large print, audio and braille.

Improving care quality in response to complaints or concerns

- Appropriate processes were in place to enable people to report any concerns or complaints, which included written guidance from the provider about how to make a complaint. This was given to people and their relatives when they commenced using the service. It explained how complaints were managed and supplied information about the role of the Care Quality Commission and the Ombudsman.
- People and their relatives told us they were confident the provider would act with integrity and manage complaints professionally. Comments included, "Nothing has ever happened that I was not happy with, the staff all know me and what I like" and "I have never complained about anything at all but if I had something to say then I would do." A relative told us they had made a complaint and was pleased with how the management team resolved the issue.
- Complaints were responded to within the agreed timescales. The registered manager told us they took complaints seriously and looked at how the service could make improvements, where required. For example, some people who used the service did not want their visits from their care workers to be subject to electronic call monitoring (ECM) by the provider. The registered manager was working sensitively with people to respond to their individual concerns about ECM.

End of life care and support

- The provider had processes in place to support people at the end of their life. The registered manager told us they had established relationships with local health care professionals including GPs and district nurses and worked in partnership with professionals and relevant organisations. For example, community palliative care teams. Care staff received end of life care training.
- Where applicable, people's care and support plans identified if they were not for resuscitation as a copy of the 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) form was kept in their agency file at home. This ensured care workers and health care professionals knew what to do in an emergency, promoted people's dignity and protected them from any unnecessary actions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported by the provider to achieve positive and empowering outcomes, for example to safely stay in their own homes and feel involved in the planning of their care and support. Systems were in place to seek people's views about the quality of the service which included telephone contact, monitoring visits and care plan reviewing meetings conducted by the provider.
- People told us the agency was well managed and provided them with a stable and reliable service. Comments from people included, "They are all so helpful to me, the carers and the management team" and "I would recommend this company to other people." People and relatives were familiar with the registered manager or other senior staff in the office. One person told us, "I know who the manager is and I feel that I can talk to her. She does the checks and there are no problems."
- Staff told us they felt well supported and appreciated by the registered manager and the office team. Comments included, "[Registered manager] is excellent" and "We were supported to get through the difficult times during the lockdown, I always felt I could get advice and support from [employer]."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider demonstrated a clear understanding of their roles and duties, including their regulatory responsibilities. The registered manager operated suitable quality assurance systems to ensure people who used the service received individual care and support that appropriately met their needs. The management team carried out a range of checks which included quality monitoring telephone calls to people and their relatives and 'spot check' visits to people's homes to observe how care staff supported them.
- The provider notified the CQC of significant events, in accordance with the law. They understood the importance of working in an honest and transparent way, in line with their duty of candour.

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

- The provider had implemented creative approaches to constructively engage people, relatives and staff. For example, prior to the COVID-19 pandemic the registered manager organised open days at the office to celebrate festivals such as Eid, Diwali and Christmas that were important to members of the local community. This enabled care staff to meet up socially for refreshments and learn more about cultural

traditions they may not have been familiar with. The registered manager confirmed that events at the office were now starting again.

Continuous learning and improving care

- The provider had clear practices in place for the ongoing development of the service. This included giving staff monthly information cards to update their knowledge of relevant topics related to people's health care needs and the ageing process, for example how to support a person living with dementia or how to identify the early warning signs that a person might have a urinary tract infection. Staff told us they discussed health and social care topics in their one to one supervision sessions and their regular team meetings chaired by the registered manager, which they found helpful and supportive.
- The registered manager was able to develop her own knowledge and practice through attending meetings for registered managers within the organisation and other managerial and leadership training opportunities organised by the provider.

Working in partnership with others

- We received positive comments from a professional at a local authority in relation to the registered manager's responsive style of leadership.
- Care and support plans demonstrated how the service worked well with a range of professionals and organisations in the community. This included arrangements for staff to collect people's medicines from the dispensing pharmacies and liaison with wardens and housing scheme managers if staff noted concerns about a person's home or other safety issues.