

Sevacare (UK) Limited

# Mayfair Homecare - Helmi House

## Inspection report

Helmi House  
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London  
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Date of inspection visit:  
09 October 2018  
11 October 2018

Date of publication:  
04 December 2018

### 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

This comprehensive inspection took place on 9 and 11 October 2018 and was announced.

Helmi House was registered with the Commission on 4 October 2017 and had not previously been inspected.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. At the time of the inspection there were 32 people receiving the regulated activity personal care.

The service had a registered manager in place. 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.

People were supported by staff who received training in safeguarding, knew how to identify, report and escalate suspected abuse in line with good practice. Risk management plans in place gave staff clear guidance on how to mitigate identified risks.

People confirmed they received their medicines as prescribed. Records identified medicines did not always contain people's known allergies and medicines route. On the second day of the inspection the registered manager had devised new medicine administration records that documented people's known allergies and route of medicines. We were satisfied with the provider's response.

People received care and support from suitable numbers of vetted staff to ensure they were safe. Staffing levels were flexible and adjusted in accordance with people's changing needs.

The service learnt from incidents and accidents through regular auditing. Accidents were documented and shared with the relevant healthcare professionals where required. People were protected against the risk of infection as staff were provided with personal protective equipment and were aware of the provider's infection control policy.

Staff received on-going training and supervision to enhance their skills, knowledge and reflect on their working practices. Staff received an induction prior to commencing their role and had their competencies monitored and assessed.

Staff were aware of their responsibilities in line with the Mental Capacity Act 2005 legislation. People's

consent to care and treatment was sought and respected.

People were treated with dignity and respect and staff demonstrated kindness and compassion. People's cultural and religious preferences were respected and encouraged. Where agreed in people's care package, staff supported them to access food and drink that met their dietary needs and requirements. People were supported to access healthcare professional services as and when required.

Where possible staff encouraged and supported people to maintain their independence. Care plans detailed their dependency levels and support was provided accordingly. People's confidentiality was maintained.

People received care that was person-centred and tailored to their individual needs. Care plans were reviewed regularly and where possible people were encouraged to develop them.

People were encouraged to participate in activities provided at Helmi House. People were aware of how to raise a complaint and were provided with a copy of the provider's complaints policy. Complaints were managed in line with the provider's policy and a positive resolution sought.

People and staff spoke positively about the registered manager. People and staff appeared at ease in the registered manager's presence and sought guidance and support.

The registered manager carried out regular audits of the service to drive improvements. The oversight and monitoring of the service meant issues were identified in a timely manner and action taken to address these was done so swiftly.

People's views were sought and where issues were identified action was taken immediately to reach a positive resolution. Regular spot checks and annual quality assurance questionnaires were undertaken to improve the service delivery for people living at Helmi House.

The registered manager sought partnership working with other healthcare professionals to drive improvements. Guidance and support provided was then implemented into the care plans and delivery of care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People were protected against the risk of harm and abuse as staff received safeguarding training, could identify, report and escalate suspected abuse.

Risk management plans in place gave staff guidance on how to respond to identified risks. Incidents and accidents were managed in such a way to learn from and minimise repeat incidents.

Staffing levels were flexible and meet people's needs whilst keeping them safe. Records confirmed staff underwent robust pre-employment checks.

People's medicines were managed and administered as prescribed.

People were protected from infection through the robust infection control measures in place.

### Is the service effective?

Good ●

The service was effective. People received support from staff that underwent regular training and supervision to enhance their skills and experiences and reflected on their working practices.

Staff received a comprehensive induction process that followed the Care Certificate.

Staff were aware of their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

People were treated equally and had their diversity acknowledged and respected.

People were supported to access food and drink that met their dietary needs and preferences.

### Is the service caring?

Good ●

The service was caring. We received mixed feedback about staff.

Observations during the inspection identified staff spoke to people respectfully and with kindness.

People's privacy and dignity was maintained and respected.

People were encouraged to remain independent where appropriate. People's dependency levels were reviewed regularly to ensure care and support provided was in line with people's needs.

People's confidential information was stored and managed securely in line with good practice. Only people with authorisation had access to confidential information.

### Is the service responsive?

Good ●

The service was responsive. Care provided was personalised. Care plans were comprehensive and reviewed regularly to reflect people's changing needs.

People were encouraged to participate in activities provided by the service. Activities appeared well attended.

People were provided with a copy of the provider's complaints policy. Complaints were managed in a timely manner, seeking a positive outcome.

People's end of life care and preferences weren't always sought and recorded. After the inspection the registered manager reviewed their practices and an action plan to address our concerns was implemented.

### Is the service well-led?

Good ●

The service was well-led. People spoke positively about the management at Helmi House.

Auditing systems in place ensured action was taken swiftly in response to issues identified.

People's views were sought through regular spot checks and annual appraisals. Issues identified were acted on in a timely

manner.

The registered manager sought partnership working with other healthcare professionals to drive improvements.

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# Mayfair Homecare - Helmi House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 11 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, for example, information shared with us by members of the public and healthcare professionals. We also reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people, three care support workers, a district nurse, the registered manager of a sister service, the registered manager and the area manager. We looked at four care plans, four staff files, the complaints folder and other records relating to the management of the service. Prior to the inspection we also spoke with two people by telephone and contacted four healthcare professionals to gather feedback of the service.

# Is the service safe?

## Our findings

People confirmed they felt safe living at Helmi House. One person told us, "Yes, we all have our own flats and there's locks on the door and there's staff around. I don't feel threatened." Another person said, "Normally I do feel safe." A healthcare professional told us, "Yes, I believe the service is safe."

People were protected against the risk of harm and abuse, as staff received on-going safeguarding training, knew how to identify, respond to and report suspected allegations of abuse. A healthcare professional told us, "I have had appropriate reports and responses whenever there have been safeguarding issues." A staff member said, "I would ask the person what happened, reassure them and I would report it to the [registered] manager. If the [registered] manager [didn't act] I would go to their senior. If someone is in danger, I would of course whistleblow." Staff were aware of the provider's safeguarding policy, which followed the six principles of safeguarding, empowerment, prevention, proportionality, partnership and accountability. At the time of the inspection the registered manager referred safeguarding alerts to the local authority in line with good practice.

People were protected against identified risks as the registered manager had implemented risk management plans. One person told us, "I don't remember when it was updated, but yes I do have one in place." A staff member said us, "The risk assessments are to protect people from harm and hazards. I would discuss any new risks with the team leader and [registered] manager so the risk assessment can be updated, they would involve a healthcare professional if needed." Risk management plans detailed the identified risk and action to be taken by staff in minimising the risk. Risk management plans were reviewed regularly to reflect people's changing needs and covered, for example, personal care, fluid and nutrition, mobility and medicines.

Accidents and incidents were clearly documented, investigated and where appropriate an action plan devised. We reviewed the incident and accident folder and found records detailed, the cause steps taken to de-escalate and manage the incident, how and when it was resolved and what could have been done differently. This meant that the service learnt from incidents and acted in such a way as to minimise repeat occurrences.

The provider had devised personal emergency evacuation plans (PEEPs), which gave staff clear and current guidance on how to support people to evacuate the building safely in the event of an emergency. PEEPs included the level of support required, any issues with mobility and mobility aids required to evacuate. PEEPs were reviewed regularly to reflect people's changing needs and to ensure the guidance given to staff was current.

We received mixed feedback regarding Helmi House's medicines management. One person told us, "I don't need help with my medicines." Another person said, "The [staff members] give me my medicines and it's at the same time every day and they explain what the medicines are for." However, a prescribing pharmacist told us, "We deliver the medicines and supply the medicine recording charts. Some [people] if they are running out, Helmi House will request a prescription too late and expect the delivery to be made quickly, we



only deliver once a week. We have told them to request medicines in good time." Staff's medicine administration competencies were regularly reviewed and issues identified were discussed with staff and where required additional training and support provided. We reviewed the Medicines Administration Records (MARs) for four people and found these were completed correctly and included the use of key codes, which indicated the reasons as to why medicines had not been administered, for example, if the person was in hospital. However, it was identified during the inspection that people's known allergies nor the route for administering medicines were always documented. We raised our concerns with the registered manager and operations manager on the first day of the inspection. On the second day, they had produced a clear and current MAR which included the known allergies and route. We were satisfied with the provider's response.

People received care and support from adequate numbers of suitable staff. One person told us, "Yes, I would imagine there are enough staff here. The amount of time it takes them to help you depends. I would say maybe five or ten minutes." Another person said, "Yes, there are enough staff here. The staff are very quick to come when I call for them." A staff member said, "Yes we have enough staff here to keep people safe. We aren't too often short staffed, unless someone calls in sick in short notice. We don't use agency staff, we have bank staff." We reviewed the staff rotas and found adequate numbers of staff were deployed to keep people safe. Records demonstrated prior to successful employment, staff underwent a robust pre-employment check carried out by the provider. Staff files contained a minimum of two references, photographic identification, proof of address, employment history and a Disclosure and Barring Services (DBS) certificate. A DBS is a criminal record check employers undertake to make safe recruitment decisions.

The provider deployed staff in a timely manner, which meant people received care and support within their agreed timeframe. One person told us, "Yes [staff members] are consistently on time, absolutely. And they most certainly stay the full duration of the visit." We identified on their Electronic Monitoring System (EMS) there had been occasions whereby calls had not been logged at the agreed time. The provider confirmed that they had been having issues with the EMS and that they were having to manually input two records. The registered manager confirmed this has been discussed with the local funding authority and was being addressed. We were satisfied with the providers response.

People were protected against the risk of cross contamination as the provider ensured staff received training in infection control, had a robust infection control policy and provided staff with suitable protective equipment. One staff member told us, "I have had infection control training. We have hand sanitizer, aprons and gloves. There is always enough of them, we never run out and yes, I've seen the infection control policy." During the inspection we saw sufficient stocks of personal protective equipment (PPE) for staff to use as and when needed.

## Is the service effective?

### Our findings

The provider ensured all staff received on-going training to enhance their skills. However, we received mixed feedback regarding staff's skills and knowledge. For example, one person told us, "I don't think the staff are very well trained. They don't have a good bedside manner." However, another person said, "[Staff members] are trained and I can see it for myself in what they do."

Staff spoke positively about the training available to them, for example, one staff member said, "The last training I went on was dementia training. The training is classroom based and E-learning. I do think there is enough training, I could ask for more training and they will put you on a refresher or you can re-read the policies." Another staff member said, "We get support to undertake additional training." Training records showed staff received training in, for example, dementia, food safety, infection control, person-centred care, fire safety, safeguarding and medicines management. Where staff training was due to lapse, the registered manager ensured refresher courses were scheduled.

Staff confirmed upon commencing the role they were supported to undertake a comprehensive induction. The induction was based on the Care Certificate. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff shadowed experienced staff, whilst undertaking their competencies and were only permitted to work without direct support once they had been deemed competent to do so.

Staff were encouraged and supported to reflect on their working practices and enhance their work performance. Staff confirmed supervisions took place regularly and enabled them to identify areas of improvement and ascertain how this could be achieved through set goals. Records confirmed what staff told us, and identified staff supervisions included previous goals, areas of difficulty, support required and any training they found may be helpful. Supervisions were held frequently and clearly documented.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within the principles of the MCA. Staff and the registered manager had sufficient knowledge of their roles and responsibilities within legislation. One staff member told us, "The MCA is to find out if the person has the capacity at that time to make their own decisions. If I suspected someone's capacity was fluctuating I would call the G.P, social services and relatives." Care plans referenced people's current mental capacity and how they would communicate their consent to care and treatment. One person said, "Most of the time [staff members] will ask if something needs doing, and if it appears to be so they will then do it if I permit them to." Another person said, "The staff will and do ask permission before they do things for me." Care plans did not contain a copy of people's tenancy contracts. We raised this with the registered manager who told us, "When social services refer [people] here they sign

the tenancy agreement with the housing association prior to moving in. But care plans refer to it."

People had their health and well-being monitored and areas of concern were shared with healthcare professionals. One person told us, "I'm able to make my own appointments but if I couldn't the staff would help me." Another person said, "The staff take me to my appointments and I like it like that." Records showed people had access to healthcare professionals, including dentist, G.P and the district nurse. A healthcare professional told us, "They [the service] listen to the guidance we give and do it. I have no concerns at the moment."

People were able to access sufficient amounts of food and drink that met their preferences and dietary requirements. Where agreed in people's care packages, staff supported people to prepare meals of their choice. People were also encouraged to visit the ground floor café which provided a wide range of hot meals at lunchtime. The meals prepared were provided by an outside agency. One person told us, "I do like the food that I can have in the café. I come to the café every Monday to Friday for breakfast and lunch. The food isn't too bad." Another person said, "The food is very nice. They cook meals from different countries." Staff were aware of the importance of monitoring people's food intake and confirmed they would seek guidance from a healthcare professional if they identified changes to peoples eating habits.

## Is the service caring?

### Our findings

One person told us, "You've got the [staff members] that care and the ones that don't. Some of them give you a lovely smile, but some don't. Some of them are miserable and need to be more dedicated." Another person said, "The staff certainly know my preferences. The care staff are very good and most agreeable too. I get on very well with all of them. And I've never felt more happy and secure as living here." A healthcare professional told us, "The Mayfair staff I have come across seem to be co-operative, caring and courteous."

Throughout the two-day inspection we observed staff speaking with people, sharing jokes and affording people the opportunity to respond to them in an unhurried manner. People appeared at ease with staff and often used terms of endearment when speaking about them.

Staff were aware of the importance of ensuring people received care and support that respected their privacy and enhanced their dignity. People confirmed staff knocked on their flat door prior to gaining entry and staff said they ensured people's curtains and doors were shut when delivering personal care. Records noted staff received training in equality and diversity and staff confirmed they put what they learnt into practice wherever possible.

Where people desired, staff supported them to follow their faith and reflect on their cultural needs. One person told us, "I have had people from the church come and visit me. But they aren't visiting at the moment." A staff member said, "There is one person we support to go to church every week when they choose to go." Staff also supported people to cook traditional culturally based meals, with one staff member saying, "There is one person that I support and we help to cook traditional Asian foods, West Indian and African foods." Care plans detailed people's faith and ethnicity and staff were aware of this.

Care plans detailed people's dependency levels and what support people required to carry out daily living skills. One person told us, "They [staff members] try to make you stay independent." A staff member told us, "We include [people] in what it is they want to do. We encourage them to do things for themselves and to work with us. We praise them and encourage them, sometimes we need to show them how to do it." During the inspection we observed staff supporting people to participate in a planned activity. Staff spoke to people respectfully and encouraged them to do as much as they could for themselves, prior to offering support.

People's confidentiality was maintained as staff had a clear understanding of the importance of sharing personal information on a need to know basis only with those who had authorisation. Paper records were stored securely in locked cabinets in a locked office and electronic records could only be accessed by staff that had an authorisation code.

## Is the service responsive?

### Our findings

Care plans were person centred and gave staff clear guidance on people's individual needs and preferences. One person told us, "Yes, I've seen my care plan and got to know it." Another person said, "I'm not sure [if I've seen it], but I have heard of it." A third person said, "I haven't recently looked at the care plan but I'm certainly content with it." A healthcare professional told us, "Support plans are followed with appropriate support – also when one [person] decided four visits per day was too much, [the service] informed me and we made adjustments according to the service users wishes."

Care plans were based on the initial service needs assessment. Prior to placement, the local funding authority provided the service with a detailed assessment of people's needs. Through their own assessment and discussions with people and their relatives, the service would determine if they could meet people's needs. If it was found they could, a care plan was created. One person told us, "When I first came here [staff members] asked me what I would like help with and what I wanted and they wrote it down." People were encouraged to be involved in their care plans where possible.

One section of people's care plans had comprehensive detail on people's life history, for example, life events, work history, family and relationships. This enabled staff to have a point of reference when speaking with people. Care plans also included peoples, preferences, likes and dislikes, medical, health, social and mental health needs. Care plans were reviewed regularly to reflect people's changing needs. Where changes were made these were swiftly shared with staff to ensure the care and support delivered was person centred and in line with their needs.

The provider held weekday activities in the ground floor communal area for people who wished to participate. One person told us, "Now and again someone comes in and she comes and tries to get everyone to go to the local park. We play games, like cricket and exercise. But I think people prefer to stay in their flats. I don't go out that much but that's my choice." Another person said, "They are good and things to look forward to, I like the exercise class and the cooking. There's lots to be involved with. I have a friend that takes me to the park." On the second day of the inspection there were nine people participating in the planned activity.

We received mixed feedback around how complaints raised were managed. For example, one person told us, "Yes, I can make a complaint. But I wonder what good it would do and if they'd take notice. Nothing can be done on the spot, everything's going to be fixed tomorrow but tomorrow never comes." However, another person told us, "Yes I know how to make a complaint but I don't need to as I'm very happy here." The service had received two complaints in the last 12 months. Complaints had been investigated and where required healthcare professional advice and intervention sought. Staff were aware of the provider's complaints procedure and people were provided with a copy upon moving into Helmi House. A staff member told us, "I would report all complaints. If it's in relation to the environment or building I would report it to the housing association. Otherwise I would report to the team leader and document the complaint."

Although details of people's faith and Do Not Attempt To Resuscitate (DNAR) forms were in people's care plans, people's end of life preferences were not clearly recorded. We raised our concerns with the operations manager and registered manager on the second day of the inspection. After the inspection the registered manager sent us copies of the dying with dignity policy and guidance for staff on obtaining people's views. They also confirmed they would complete the end of life plans for people. We were satisfied with the provider's response. We will review this at our next inspection.

## Is the service well-led?

### Our findings

People and staff spoke positively about the registered manager and management team. One person told us, "[Registered manager] is always around, I know I can talk to her about anything." Another person said, "Yes [registered manager] is approachable. I'm certain she takes my views on board." A staff member told us, "First of all I like [registered manager] because she's very good at communicating, she's always sending out memos to notify us of changes. She encourages me to improve and do my best. She's very approachable and I can call her for advice outside of working hours." During the inspection we observed people and staff seeking guidance and support from the registered manager. People appeared at ease and the service had a warm and welcoming atmosphere.

The registered manager implemented systems and processes to drive improvements. Records confirmed auditing systems included medicine records, care plans, risk assessments, fire safety, incidents and accidents and needs assessments. The registered manager also carried out a monthly health and safety audit, that listed the action taken when issues had been identified. All maintenance issues were logged and shared with the housing manager.

People's views were sought through quality assurance questionnaires, which were sent to people annually and regular spot checks. We received mixed feedback around the outcomes of questionnaires, with one person telling us, "They give me a questionnaire but nothing changes. Sometimes I just sign the bottom." Another person said, "I can't remember if I've filled out a questionnaire." At the time of the inspection the results from the August 2018 quality assurance questionnaire were being audited by head office and the results due imminently. However, where concerns had been raised in the questionnaires, these had been shared with the registered manager to take action. Records showed where one concern had been raised around finances and a person's mental health. The registered manager shared this with housing management and staff members and increased observations of the person to ensure they were safe.

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

The registered manager sought partnership working with other healthcare professionals to improve the service delivery and positively impact people's lives. "A healthcare professional told us, "Management always respond to my emails and phone calls promptly." The registered manager said, "[Partnership working] is important as it gives you a holistic view and you're able to learn many things. We work in partnership with social services, GP, district nurses and occupational therapists. Any guidance given is then put in people's care plans."