

Mayfair Homecare Limited

Mayfair Homecare - Merton

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 – Merton is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. At the time of our inspection, 41 people were receiving personal care and support.

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

People were at risk of not always receiving safe care. People were supported by sufficient numbers of staff to meet their needs. However, some had experienced delays or received care earlier than scheduled. The rotas did not always allow sufficient travel time for staff to get to calls without delays. Comments included, "Bit of an issue if they put [relative] to bed before 7 pm, which is too early" and "[Relative] doesn't usually know who is coming at the weekend, and feels a bit disturbed about that." The majority of people and their relatives told us they were happy with the care and support provided. Comments included, "[Carers] are nice girls. They are really lovely" and "Yes, [carers] do a good job."

People received care delivered in a manner that minimised the risk of avoidable harm. Comments included, "[Carers] are good at what they do" and "I feel safe with them." Staff were able to describe how they identified and reported potential abuse to keep people safe. Risks to people were identified and managed well to minimise harm.

People received the support they required to manage and take their medicines safely. Staff practiced safe infection control and prevention processes in line with best practice guidelines including those associated with COVID-19 to reduce spread of infection.

The provider ensured safe recruitment practices and robust induction which ensured suitability of new staff to provide care. Staff attended training and supervision to support them to undertake their caring roles. Staff received the support they required to ensure they met people's needs.

People enjoyed positive and meaningful caring relationships with staff who provided their care. Staff ensured they maintained people's privacy, dignity and confidentiality. People consented to the care and support they received from staff. People received appropriate encouragement to live as independently as possible and to make choices about their daily living.

People underwent an assessment and regular review of their needs and support plans which ensured delivery of appropriate care to them. Staff supported people to access healthcare services when required.

People understood the processes of how to make a complaint and felt confident to raise concerns.

Improvements were made because regular checks and audits were carried out on the quality of care. People, staff and relatives were asked about their views of the service and felt valued. Partnership working with other agencies, health and social care professionals and external organisations ensured people using the service received appropriate care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

The last rating for the service under the previous provider was good, published on 10 April 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was 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 - Merton

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector and two 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.

Registered Manager

This 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 care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and 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 sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, nine relatives and nine members of staff including the registered manager.

We reviewed a range of records. This included eight people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 17 June 2022 and ended on 1 July 2022.

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 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.

Staffing and recruitment

- People had not always received care when needed. Some people had experienced delays in receiving care. Comments included, "There has been a few problems with timekeeping" and "Sometimes the carers are late". Other people told us, "Timekeeping is now a lot better. Regular carer is pretty good on time" and "[Carers are] 'pretty much on time.'" People told us they never felt rushed when staff turned up despite being late for the calls nor had they experienced any missed visits.
- Staff told us the rota planning did not always leave room for delays and calls were tightly packed. Comments from people and their relatives included, "A bit of an issue about night-time calls. Never know who is coming. [Relative] rings office to ask who is going to be sent"; "Sometimes the evening call is quite early" and "I think the office could arrange a better postcode system for the staff to allow travelling time." Electronic call monitoring records (ECM) showed instances of insufficient travel times between calls, staff logged on in two places at the same time and delays in arrival for visits. ECM records showed staff stayed the full duration of the calls. ECM records highlighted when two staff members were required to provide care in pairs to people. However, there were some instances when both staff did not always stay together for the duration of the call or one stayed briefly to support with the care. We spoke with the registered manager who told us they continued to monitor staff attendance at calls, review rota allocation for travel times and liaise with people and their relatives to minimise the risk of delayed calls. The issues raised above meant increased the likelihood of people not receiving safe care.
- The rotas showed sufficient numbers of staff were allocated to provide support to people when needed. Sickness and absences were covered on rotas which ensured people always received care when required, despite the issues identified above.
- People and their relatives told us most of the care staff were a regular team which enabled them to understand their needs and support them well.
- People received care from staff deemed suitable to provide care. Recruitment procedures were robust and included obtaining staff's employment history, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Comments included, "Feel comfortable and very safe" and "[Carers] look after [relative] properly."
- Staff knew the types of abuse and understood their responsibility to identify and report concerns to keep people safe. The provider had safeguarding systems which staff followed to minimise the risk of abuse.
- Staff were trained in safeguarding adults and were able to explain the provider's processes of reporting

concerns and potential abuse.

- The registered manager reported safeguarding concerns to relevant authorities to be investigated and resolved. There were no current safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- People received safe care. Risks to people's health were assessed, reviewed and support plans put in place which enabled staff to deliver care safely.
- Staff followed each person's risk management plan and provided support to help them maintain personal hygiene, manage their finances, medicines, nutrition and hydration and a safe environment.

Using medicines safely

- People's medicines were managed and administered in line with best practice and the provider's procedures. People who required minimal support to manage their medicines were encouraged and supported to do so in a safe manner. Regular checks and audits were carried out on Medicines Administration Records (MAR). Issues identified were resolved in a timely manner and staff involved received further training and a review of their competence in administering of medicines.
- Staff were trained and had their competencies assessed in medicines management. They had access to the provider's up to date medicines policy and procedures for guidance when required.

Preventing and controlling infection

- People's care delivery followed infection prevention and control (IPC) procedures which enabled staff to minimise the risk of infection.
- Staff had received training in IPC procedures including those related to COVID-19 and followed good hygiene practices. People and their relatives told us staff wore Personal Protective Equipment (PPE) such as aprons and gloves when preparing food or carrying out personal care to prevent contamination and spread of disease. Systems in place were effectively used to undertake regular spot checks, staff meetings and communication to ensure consistent practices in the use of PPE.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People were supported by staff who learnt lessons when things went wrong in care delivery.
- Accidents and incidents were recorded, monitored and patterns and trends identified. These were discussed at staff meetings to support their learning and to minimise the chances of similar events from happening again.

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

- People received care that met their needs and preferences. One relative told us, "The carers understand mum's needs" and "[Carer] for sure has the right level of training." Assessments of people's needs, and reviews were carried out. Staff involved people and their relatives where appropriate to develop care and support plans.
- Care plans were up to date, detailed and contained information about people's health and well-being needs and the support they required.
- Staff told us, and records showed people received care in line with the provider's procedures and followed best practice.

Staff support: induction, training, skills and experience

- People were supported by competent staff. Comments included, "Carers use a hoist to get [relative] out of bed. They are well trained and good on the hoist" and "[Carers do their job well]."
- Staff underwent induction, received the provider's mandatory training and supervision to ensure they understood how to provide care in a manner that met people's needs effectively.
- Supervision records showed staff were supported in their roles. Staff attended the provider's mandatory training that included safeguarding adults, infection control, Mental Capacity Act 2005, moving and handling, health and safety and dementia.

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

- People accessed healthcare services when required. Relatives were happy staff kept them informed when people's health needs changed. Staff supported people by arranging GP's appointments, hospital escorts and contacting healthcare professionals and other agencies which ensured people's needs were met.
- Staff ensured they followed guidance provided by healthcare professionals to deliver care appropriate to people's needs, such as encouraging fluid intake to prevent dehydration.

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

- People received support to eat and drink healthily and in sufficient amounts. Relatives told us, "The carers microwave meals for her" and "Carers make [relative's] sandwiches for lunch, and we prepare other meals." Staff planned and prepared meals where appropriate and undertook shopping tasks when needed to ensure people had enough food and drink.
- Staff encouraged people to have a balanced diet that included fresh food, vegetables and fruit.
- People's food and preferences were recorded and staff served meals in line with these, for example, staff

made hot beverages such as coffee without milk or sugar as one person required.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for their consent to receive the care they required. One relative told us, "[Carers] ask permission before they carry out [personal care]." Staff provided people with care in line with the principles of MCA and supported people to make decisions about their care. Best interests' meetings were held when a person lacked capacity to make specific decisions in any aspect of their care.
- Staff were trained in MCA and understood their responsibility to promote and respect people's rights when delivering care.
- Care records identified the areas people required support with regarding making decisions such as receiving personal care, managing their medicines, finances and what to eat and drink.
- Staff had guidance about MCA and Deprivation of Liberty which they referred to about how to support people to make decisions about their care and support and uphold their rights.

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 in a kind and caring manner. Comments included, "Very, very fond of my carers"; "They're very kind" and "I've got a lovely crew (of carers)."
- People were happy with the caring relationships they had with staff. Comments included, "The carers who look after [relative] have a good relationship with her" and "[Carers] do talk to her and are concerned about her welfare."
- Staff respected people's preferences about how they wished their care to be provided. Records showed people's life history, their likes, dislikes and preferences. Staff understood equality and diversity and respected people's diverse needs including their cultural backgrounds and things they valued such as celebrating their heritage through food and dressing.
- People were supported to access services they required, the community and enjoy aspects of daily living which ensured they were not discriminated against.

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

- People received the support they required to express their views and to make decisions about the care they wished to receive.
- Staff involved people using the service and their relatives where appropriate to plan and develop their care and support plans.
- People told us, and records showed their care delivery suited their wishes and preferences. Staff worked around people's preferred routines and were flexible when required which ensured each person received care appropriate to their needs and lifestyle.
- The registered manager and staff advocated on people's behalf when required for example, when a person did not have any circle of support to enable them to access various services they required.

Respecting and promoting people's privacy, dignity and independence

- People's care delivery respected their privacy and dignity. Comments included, "[Carers] respect him, and he respects and likes them"; "[Carers] look after me very well" and "[Carer] is wonderful. She takes great care. If she comes in the morning, we start the day off well."
- People were supported to live independent lives as far as practicable. One relative told us, "[Carers] prompt [relative] to wash his face and encourage him to do what he can himself." Support plans showed tasks each person could undertake in their daily living. Staff used this information in supporting people to develop new skills and to maintain existing abilities which ensured they maintained a degree of independence and control over their lives.
- People undertook tasks and activities they were able to do for themselves such as some aspects of their

personal care, meal preparation, housekeeping and managing their finances and medicines.

- Staff told us they supported people to take positive risks to enhance their independence, for example arranging outings to reduce social isolation and loneliness.
- People's information was shared with other health and social care professionals when appropriate. Staff respected people's confidentiality and privacy.

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

- People's individual needs and preferences were met through the personalised support provided by staff. Relatives told us, "Office does ring to check if all is ok" and "Administrator has been to visit to check if we are happy." People and their relatives made positive comments about the care provided by staff.
- Staff involved people and their relatives where appropriate in planning for their care and support. One person told us, "Staff in the office is very accommodating and understanding." This helped them to understand and enable people to have choice and control of the care and manner in which staff delivered their care. People were happy staff provided their care as they wished which met their needs, daily routines and preferences.
- Staff had fostered positive relationships with people they supported and knew how to support them well.
- People had their care plans reviewed and updated regularly to show their needs, health conditions and the level of support they required. This enabled staff to provide individualised care that met people's needs.

Meeting people's communication needs

Since 2016 onwards 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.

- People received care in a manner that met their sensory impairment needs and preferences. Care plans contained information about people's communication needs and guidance for staff about how to communicate appropriately with people.
- People and their relatives were happy staff communicated with them well and knew how they wished their care to be provided.
- The provider ensured people were given with information in line with AIS which ensured they knew what their care delivery was based on, for example, support plans, care records and questionnaires were available in easy read, pictorial format and large font when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's risk of social isolation and loneliness were minimised as staff supported them to undertake activities of their choosing and to lead fulfilling lives.
- People's care plans detailed how they wished to be supported to undertake activities of their choosing and in line with their cultural and social preferences.
- Staff supported people to build meaningful links with the local communities for example escorting people

for shopping or attending appointments.

- Staff supported people in ways that were responsive to their needs.
- People were supported to maintain relationships with others who were important to them. For example, staff contacted family members in line with people's wishes about updates of their health, organised social gatherings and celebrating festive events.

Improving care quality in response to complaints or concerns

- People using the service and their relatives felt confident making a complaint if they did not receive the standards of care they expected. One relative told us, "They're very good. Sometimes the office phone to check if everything is ok." People told us the registered manager and office staff listened to their concerns and felt confident their issues were taken seriously and resolved.
- People and their relatives were provided with the complaints policy and procedure to enable them to raise concerns and to understand the process in resolving issues.
- The provider ensured complaints were investigated and resolved in line with their policy and procedures.

End of life care and support

- People were encouraged to discuss their end of their life care wishes. Staff recorded this information as people indicated. At the time of this inspection, there was no one receiving end of life care and support.
- The registered manager understood their responsibility to work with other health and social care professionals and agencies to ensure people received appropriate care at the end of their lives.

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, their relatives and staff spoke positively about the running of the service. Comments included, "We're supported by the management team who are approachable"; "Yes. It's well run" and "Management are supportive and always check I'm ok." People told us the registered manager took into account their individual needs and preferences.
- Staff received updates from people daily when they visited to provide care about any changes to their preferences and routines. The registered manager ensured staff made appropriate adjustments to the support people required which ensured they received person centred care.

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;

- People and their relatives benefitted from an honest and open culture that prevailed at the service. They told us the registered manager, office and care staff showed a willingness to talk about issues that affected care delivery.
- The provider and registered manager ensured they were honest and open when things went wrong in line with their responsibilities under the duty of candour. For example, the provider had acknowledged shortfalls in care delivery and reviewed their systems to ensure errors were minimised and people received good standards of care in a consistent manner.
- Staff told us they felt empowered to discuss any errors or shortcomings in care delivery which ensured their practices and issues addressed them.

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

- People's care delivery met statutory and regulatory requirements. Notifications were raised with CQC and the local authority safeguarding teams about significant events in line with the provider's legal responsibilities.
- The quality of care was monitored and audited to ensure people were supported effectively. The provider ensured checks were carried out on various aspects of the service such as care plans, record keeping, management of medicines, staff training and supervisions. Improvements were made when needed.
- Policies and procedures were reviewed and made available to staff which ensured staff adjusted their practices to meet current regulatory functions, for example guidance on how to provide care during the COVID-19 pandemic.

- Staff understood their roles and responsibilities as described in their job descriptions. They knew what was expected of them in care delivery and where to get support to improve their practice. Staff told us they enjoyed a positive relationship as a team and felt supported in their roles by the registered manager. Staff received regular supervisions, feedback and updates from the registered manager which enabled them to develop their practice. Team meetings were used to discuss people's needs, risk assessment management, policies and procedures, and any concerns staff had.

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

- People and their relatives and staff were happy about their involvement with the service. They were provided with opportunities to give feedback and share their views about the quality of care. People and their relatives completed questionnaires, took part in care reviews and had communication with the registered manager and staff through daily interaction or contact with the office.
- Staff told us they had regular interaction with the registered manager via catch up calls, meetings and handovers where they discussed changes to people's health and the support they required.
- The provider ensured staff had access to opportunities to develop their practice and progress within the organisation.

Continuous learning and improving care.

- People received improved care services because the provider promoted continuous learning. The registered manager reviewed accidents and incidents and discussed these in individual staff supervisions and group meetings to improve their practice and to ensure they learnt from the events.
- Staff told us they received handovers and updates of people's conditions and changes required to their practice as learning opportunities to improve on care delivery. Staff told us their views and ideas were valued and considered and used to make the necessary changes to the service.
- People and their relatives told us information sharing was good which enabled them to provide feedback about the care provided and the improvement they required. They told us communication with the service was open and they felt listened to when they made suggestions about the manner in which care was delivered.

Working in partnership with others

- People benefitted from the provider's partnership working with health and social care professionals and other agencies. For example, staff worked closely with district and community nurses to support people with their health and wellbeing.
- The registered manager collected information about resources of services people may require for their health and shared it to enable them to improve and lead live fulfilling lives.