

Mayfair Homecare Limited

Mayfair Homecare - Barnet

Inspection report

2 Albert Place
London
N3 1QB

Tel: 01902625070

Website: www.mayfair-homecare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mayfair Homecare - Barnet is a domiciliary care service that provides care and support to people living with dementia, physical disabilities and mental health conditions. At the time of our visit, the service was providing care and support to 136 people living predominantly in the North and West parts of London.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. At the time of our visit, 81 people received 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

Discrepancies in medicines administration records showed that people may have not always received their medicines safely and as prescribed.

Whilst people received care from a consistent team of staff, people were concerned about staff not always attending to their care visits on time.

People were safeguarded from abuse and staff were fully aware of their duties to report concerns. People's personal risks were assessed and reviewed regularly to ensure people received safe care and support. There were infection prevention and control measures in place to protect people from the risk of the spread of infection.

People received a comprehensive assessment of their needs before they received care. People had access to healthcare when needed. Staff had clear guidance on supporting people to eat and drink as per their wishes.

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.

People received person-centred care and support from a caring and respectful team. Staff offered people choices and sought their views when providing care. Staff treated people with dignity while promoting their independence.

Staff received appropriate support and training to be able to perform their roles and provide good care to people.

The provider managed complaints effectively and had systems in place to continuously assess and improve the service. People, their relatives and staff felt safe to raise concerns which the service took seriously. The provider worked in collaboration with other agencies to ensure people received good care and support.

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, which was a merge of two other locations, was registered with us on 21 January 2021 and this is the first inspection.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to safe management of medicines at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about staffing in relation to consistency around care visits.

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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Mayfair Homecare - Barnet

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and two Experts by Experience who spoke with people and relatives by telephone for feedback. 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, flats or specialist housing.

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 not a registered manager in post. However, the service was overseen by a regional manager and a team leader who had recently been appointed as the manager, and was in the process of registering with the CQC. Both the regional manager and the team leader have been referred to as 'the managers' in this report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we held about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and 11 relatives about their experience of the care provided. We spoke with 12 members of staff including a director, the regional manager, team leaders and care workers.

We reviewed a range of records. This included seven people's care records and nine people's medicines records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, management audits, complaints, safeguarding records and meeting minutes, were reviewed.

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 of 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.

Using medicines safely

- Some aspects of how medicines were managed were not always safe.
- We found discrepancies in several people's medicines administration records (MAR) which meant there was a risk people did not receive their medicines as prescribed.
- There were inconsistencies with how medicine administration instructions had been recorded for some people. We found a few gaps on the MAR for two people and, places on the MAR where staff had scribbled over and made entries illegible.
- One person was prescribed regular medicines as indicated by instructions on the MAR. However, in some instances, staff signed the MAR for these medicines as 'NR' ('not required'), and did not provide any explanations why these medicines were not administered. This meant the person did not always get their medicines as prescribed.
- For one person who was prescribed an inhaler up to four times a day, signatures on their MAR showed that they had taken their inhaler every day (for the month of June 2022) in the morning and at bedtime. Medicines that are prescribed 'up to X times a day' are usually medicines that are administered 'when needed' and a protocol containing guidance on when these medicines should be administered must be in place. In this case, a protocol was not in place and staff had not specified the reasons for the administration of this inhaler.
- One person took a medicine once a week on a Monday as instructed on the MAR, but their MAR contained signatures on consecutive days which meant they had not received their medicine as prescribed. This person was also prescribed a nutritional supplement which was administered every morning and lunch; however, instructions on the MAR said morning and bedtime.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate medicines were effectively and safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the issues we found with the managers who had started to take prompt actions to address them. Staff contacted GP surgeries and received up to date information on people's medicines. Staff had begun to update people's MAR with up to date and clear instructions.
- The managers told us staff were reminded about the requirements of safe management of medicines and, staff competency was being reviewed.
- Staff received training in safe management of medicines and went through a comprehensive competency assessment before they were able to administer medicines to people.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely and were competent in their roles.
- However, some people and their relatives told us staff were sometimes late when attending to their care visits or did not always stay for the whole duration of the visits. Some people and their relatives also told us they were not always notified if their care staff were running late. A person told us, "They [staff] are a bit late sometimes." A relative said, "They [staff] are quite often late. I think some of them don't stay for the whole visit."
- Several staff members felt they did not always have enough time to complete their tasks due to the complex needs some people had. A staff member told us, "Sometimes it takes more time [to complete the necessary tasks] than the time given."

We recommend the provider review their staff allocation and the durations of the care visits to ensure people receive consistent and effective care.

- People and their relatives confirmed there had been no missed care visits. However, we found one occasion where the service took appropriate actions when a staff member failed to attend a care visit.
- The service provided extra support hours to people when they needed to be accompanied to their appointments.
- The managers told us they would focus on the duration of visits during care reviews and increase spot checks to ensure people received the right care and support at the right times.
- Staff were recruited safely. Staff files showed a range of checks including written references, an application form with any gaps in employment explored, proof of identity 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

- Systems were in place to protect people from abuse and ensure they received safe care and support.
- Staff had training in safeguarding people and knew how to identify and report abuse. A staff member told us they would, "Inform the office as soon as possible, write in the communication book and call social services if they [management] don't respond," if they suspected or found a person being abused.
- Where there had been safeguarding concerns, these were thoroughly investigated and clearly documented. The service also communicated with the affected parties and ensured the appropriate authorities, including the CQC and local authorities, were notified. The service took all of these actions in a timely manner.

Assessing risk, safety monitoring and management

- The service identified risks linked to people's care and support needs and had measures in place to keep people safe.
- People had comprehensive risk assessments in place covering issues such as moving and handling, medicines, their environment, eating and drinking, diabetes and skin integrity. For each of the identified risks, clear and person-centred guidance was available to staff on how to manage it safely.
- For one person who was at risk of choking, their risk assessment contained detailed guidance for staff on how to support them safely during mealtimes. The risk assessment also provided clear instructions for staff to follow if the person was choking. For another person who was diabetic, symptoms of them becoming unwell and details of actions to be taken as a result were clearly recorded.
- People and their relatives felt safe with the care they received. One person told us, "I feel perfectly safe as the carers give me confidence. I would speak to the office, if I didn't feel safe."

Preventing and controlling infection

- The service had measures in place to protect people, their relatives and staff from catching and spreading infections. Infection prevention and control policies were up to date.
- Staff had access to Personal Protective Equipment (PPE) and received training on how to use them. Comments from people included, "Yes they all wear PPE, gloves, aprons and masks" and "Yes [staff were] very good during COVID-19."
- Staff adhered to COVID-19 testing requirements as per government guidelines.

Learning lessons when things go wrong

- Processes were in place to promote learning which fully involved the staff team.
- Staff reported accidents and incidents to the office where these were investigated and actioned. Additional training was provided to staff when necessary.
- Any lessons learnt were communicated to staff through team meetings, supervisions and memos. The managers told us lessons were also shared among different services to drive improvements.

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

- The service assessed people's needs thoroughly before delivering care.
- Staff liaised with people, their relatives and social services to ensure people's needs were clearly understood and their care and support plans contained detailed information about their support needs and their likes and dislikes. The comprehensive care plans gave staff enough information to be able to support the person with their day to day life.
- Staff reviewed people's care and support needs regularly to ensure care continued to be delivered as required.

Staff support: induction, training, skills and experience

- Staff received training and support to be able to perform their job effectively.
- The service provided staff with a thorough induction before commencing work, which included completing mandatory training and working under the supervision of experienced staff. The managers ensured staff were confident before they were able to work unsupervised.
- Staff received regular refresher training to ensure their knowledge was up to date and they remained competent in their roles. Training included safeguarding, infection control, catheter care, health and safety, dementia, personal care and moving and handling.
- Staff received supervision and an annual appraisal and told us they felt well supported.

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

- Staff assisted people with eating and drinking as set out in their care plans. When people needed this support, people told us they could make choices. One person said, "They [staff] support me to eat and drink at the right time."
- People's care plans contained clear information on the support they required with eating and drinking. Instructions were person-centred and included, "Check with me what I would like to eat for breakfast" and "I like to have all food served at the table by the window."

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

- People and their relatives told us they were supported in managing their health conditions and were alerted to concerns as necessary. Staff supported people to attend their health appointments when required.
- Care records outlined people's health conditions, with helpful explanations of symptoms for staff to look out for and the potential impact of specific conditions.

- The service worked in collaboration with other healthcare professionals and made appropriate referrals in a timely manner to ensure people's needs were met effectively. For example, staff made an urgent request for a person to be assessed by an occupational therapist when they noticed the person was struggling to mobilise safely.

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

- The service ensured people received care and support in a way that did not impact their freedom.
- People and their relatives told us they were able to make choices and did not feel restricted.
- Care plans contained clear information on people's mental capacity to help staff in supporting the person. People's care plans had been signed by themselves or their representatives, where the representatives had legal authority to make decisions on their behalf, to demonstrate their consent to receiving care.
- Staff were aware of the requirements of the MCA. They carried out mental capacity assessments when needed and acted in people's best interests.

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

- Most people and their relatives spoke positively about the care they received and the caring nature of the staff. Some people had specific concerns about their care which has been further reported in the "Improving care quality in response to complaints or concerns" section of this report.
- The service endeavoured to ensure people received care from a consistent team of staff. A family member told us, "[Person] likes the service she gets. [Person] has the same carer five days a week and a different carer at the weekends." Other comments from people and their relatives included, "Some [staff] are better than others but all good, one of them is outstanding," "He [staff] knows what [person] needs, he is excellent" and "He [staff] is very polite, I have seen him a number of times and he is great with [person]."
- Staff understood people's differences and treated them equally. People's care plans contained clear information about their religious/cultural needs and preferences regarding gender of staff. Staff respected people's religion and any associated wishes. A staff member told us, "I respect all. If a person is praying I will wait until they finish, I will not disturb."

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

- The service worked closely with people and their relatives to ensure they provided care that met people's individual needs.
- Management staff engaged with people and their relatives via regular visits and telephone calls to capture their views and inform decisions about their care. We reviewed telephone monitoring records which showed people's feedback on their care. A relative told us, "[Person] has had follow up visits from the manager."

Respecting and promoting people's privacy, dignity and independence

- The staff team worked with people while respecting and preserving their privacy and dignity. One person told us, "Yes they cover me with a towel after a shower." Comments from relatives included, "He [staff] is definitely respectful" and "He does all the time [treat person with respect]."
- Staff gave people choices so that they could live their lives the way they wanted. A staff member told us, "[People] are really happy and that's my main thing."
- Staff supported people to be more independent. Relatives told us, "Staff help [person] to get up and walk about" and "He [staff] is quite patient with [person] and encourages him." A staff member told us, "We encourage them [people] to do as much as they can for themselves without taking over."

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

- Staff provided care and support that met people's individual needs.
- Each person had a person-centred care plan which contained clear and specific information about their mobility, health, communication, diets and other support needs. Care plans also included personalised information about people's life histories, previous occupations, relationships, hobbies and favourite TV programmes, movies and music.
- Staff knew what was important to people and followed the guidance from their care plans. This ensured staff were able to engage with people in meaningful ways.

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.

- Care plans contained information on people's communication needs. Details of any speech impairment that people had and communication aids which they used were clearly documented. This meant staff were able to interact with people effectively and in their preferred ways.
- Where required, the service offered information to people in different formats, such as large print and pictorial.

Improving care quality in response to complaints or concerns

- The service managed complaints effectively.
- Records showed complaints were clearly documented, acknowledged and thoroughly investigated. Where needed, appropriate actions were taken to improve the service for people. Management staff shared outcomes with complainants in a timely manner.
- People knew how to raise concerns. One person told us, "If I am not happy, I would phone the office. I haven't needed to make a complaint."
- Most people told us they were satisfied with how the service dealt with their complaints. However, during the inspection, some relatives complained to us about the care their relative received. We fed the information to the managers and relevant authorities for them to investigate. For issues which had been fully investigated, the managers shared the outcomes with us, including actions they had taken to improve the service.

End of life care and support

- At the time of the inspection, the service was not providing end of life care to anyone. However, the managers were aware of the importance of advance care planning and staff were provided training in death, dying and bereavement which would help them to assist people in the last stages of their life.

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 requires improvement. This meant the service management and leadership was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance systems were in place but not always effective.
- Internal audits were completed routinely by management staff to assess and improve the quality of care delivered and reduce risks. A regional manager visited the service regularly to monitor performance and ensure the smooth running of the service. However, existing quality checks had not identified the issues we found at this inspection.
- Medicines audits did not identify the discrepancies we found with people's medicines records. This meant the service was not able to take relevant actions in a timely manner to ensure people received their medicines as prescribed.
- Feedback from people, their relatives and staff which suggested irregularities around care visits meant existing systems to monitor and improve the service were not always effective to ensure people received care and support as planned.
- The managers responded promptly to the shortcomings we identified at this inspection. Immediate actions were taken to begin improving the management of medicines. The managers told us they would have individual discussions with people and their relatives to improve the consistency around care visits.
- Team leaders were provided with additional training on auditing and copies of their certificates were seen.
- The managers and team leaders understood their roles and responsibilities. They worked together to show appropriate leadership in the absence of a registered manager. Staff were also clear about their roles and provided care in line with best practices.
- The regional manager understood the impact a lack of consistent management had on the service, following the deregistration of the last two registered managers, and told us they needed to "stabilise the branch" before they were able to provide care and support to more people.
- Management staff carried out regular spot checks to ensure staff provided care as required.

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

- The management team promoted an open and fair culture and ensured people were in control of the care they received.
- The staff team engaged with people positively while respecting and promoting their cultural/religious needs. People felt they had a good relationship with staff and one person told us, "I feel supported and of course they [management] respond to my concerns."

- Most people and their relatives were happy with the service they received and would recommend it. A relative told us, "Yes I would [recommend the service], he [staff] is excellent, he is very kind and gives [person] dignity."
- Where some people and their relatives were not satisfied with the care they received, the service had taken appropriate steps, or were in the process of doing so, to address the issues they had.
- Staff felt comfortable to speak up and raise concerns. They told us the management team was approachable and listened to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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; Working in partnership with others

- The service involved people, their relatives and staff in decisions related to people's care, to ensure the service they provided was good, effective and responsive to people's needs.
- There were regular conversations among people, their relatives, staff and the management team. People and their relatives told us they knew who the manager was and felt supported. One person told us, "Yes I do [knew who the manager] and she [the manager] does listen to me." A relative told us, "I don't need to ring the office. I speak to the carer if there is a problem but he is excellent."
- Staff felt supported in their roles and had the opportunity to express their views in staff meetings and at any other time by contacting the managers. A staff member told us, "The service is very good. People [management staff] are very understanding, always ready to help you."
- The provider sent satisfaction questionnaires to people and their relatives to gather feedback on the service. The management team used the feedback to improve the service.
- The managers were aware of their responsibility to be open and honest if anything went wrong.
- The service worked in partnership with other agencies to ensure people received the right care and support which was safe and met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Systems were either not in place or robust enough to ensure and demonstrate people received their medicines safely and as prescribed.