Mayfair Homecare Limited

Mayfair Homecare - Farnborough

Inspection report

Chartwell House
183 Lynchford Road
Farnborough
Hampshire
GU14 6HD

Tel: 01252546600
Website: www.mayfair-homecare.co.uk

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Ratings

Overall rating for this service	Good

Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Mayfair Homecare - Farnborough is a domiciliary care service providing care and support to people in their own homes. The service can provide support to older and younger adults, people living with dementia, people with a physical disability, people with a sensory impairment, or mental health diagnosis and people with a learning disability or autism. On the day of the site visit there were 49 people using the service.

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 and relatives were positive about the service provided. Their feedback included, "I think they are very good actually," "I am very satisfied with it and get on well with all of them" and "On the whole very good."

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. The service was providing personal care to 1 person who had a learning disability.

People's needs and choices about their care were assessed and the delivery of their care reflected national guidance and legislation. Staff had the required skills, knowledge and experience to provide people's care effectively. Staff ensured people were supported to have enough to eat and drink. Staff worked together both as a team and across organisations to ensure people's needs were identified and met. Staff were provided with relevant information to enable them to identify when people might be unwell and to identify when they might need healthcare support.

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 were treated by staff with kindness, respect and compassion. Staff supported people to express their views and to be involved in decisions about their care where possible. People's privacy, dignity and independence were respected and promoted by staff.

People received personalised care, planned with them which was responsive to their needs. People knew how to give feedback and felt able to raise any issues. Staff were able to support people at the end of their

life where required in conjunction with health care professionals.

People reported the service was well-led. There was a positive culture focused on achieving good outcomes for people. There was a robust governance framework and responsibilities and requirements were understood. Processes were in place to seek people and staff's views about the service. The provider had processes to monitor the quality of the service and to identify areas for improvement. Staff worked transparently and collaboratively with external stakeholders and agencies to plan and deliver people's care.

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

Rating at last inspection
The service was previously inspected following a change in provider (published 24 December 2021).

Why we inspected
This focused inspection was prompted by a review of the information we held about this service and to provide a rating under the new provider in all domains following their registration. For the key question of safe which was not inspected, we used the rating awarded at the last inspection to calculate the overall rating.

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

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 effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Mayfair Homecare - Farnborough

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
The inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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

Inspection activity started on 7 December 2022 and ended on 19 December 2022. We visited the location's

office on 7 December 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (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
At the site visit we spoke with 3 office staff, the registered manager, the regional area manager and the regional director. After the inspection we spoke with 9 people and 7 relatives about their experience of the care provided and a further 5 care staff. We received positive feedback on the service from both health and social care commissioners and from 2 social care professionals. We reviewed 4 people's care plans. We also reviewed records relating to the management of the service, including policies, procedures and training data.

Good

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 of this key question which 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's physical, mental health, social care needs and any cultural or religious needs which could impact the delivery of their care were assessed. Commissioners advised any requests for an assessment of people's needs were responded to promptly.
- People's expected outcomes from the delivery of their care and what was important to them during their care was identified within their care plan which was kept under regular review.
- People's care plans contained detailed guidance about how their care was to be provided, including pictures where required, to enable staff to support people consistently and effectively.
- The provider had clear and detailed policies to inform and guide staff in their work. These referenced relevant legislation, good practice guidance, local practices and related policies.

Staff support: induction, training, skills and experience

- Staff had the required skills, experience, competence and knowledge for their role. People and relatives provided positive feedback. A person said, "They are very capable" and a relative confirmed "They have obviously been trained and they do what I ask them to do."
- Staff had a comprehensive induction, which included the chance to shadow more experienced colleagues. A member of staff confirmed this helped their confidence when they started. Staff informed us, their training had to be up to date, or they could not be booked for care calls.
- The provider sent staff detailed factsheets monthly, relevant to the needs of the people they cared for. Staff could study for a professional qualification and 12 staff had achieved one.
- The service was supporting 1 person with personal care whom had a learning disability. The provider was aware of the new training requirements for staff working with people with a learning disability or autism. They were looking into providing online training for all staff and staff working directly with people with a learning disability could study for a professional qualification.
- Staff had regular supervisions, assessments, spot checks and an annual appraisal.

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

- People's care plans detailed what support people required with eating and drinking. People's preferences, likes and dislikes in relation to food and drinks were noted. A person said, "They [staff] know what I like to eat and drink." People and relatives confirmed staff provided support if required and ensured drinks were left with people between care calls if needed.
- The provider's dementia factsheet, gave staff relevant information about how to support people living with dementia to eat and the importance of being aware of and respecting the person's cultural or religious

preferences. Staff were also provided with factsheets about dysphagia to guide them. Dysphagia is when a person experiences difficulties swallowing. Where staff identified people had swallowing difficulties, they ensured a referral was made to the speech and language therapy service, for the person to be assessed.

Staff working with other agencies to provide consistent, effective, timely care
● Staff were committed to working collaboratively both as a team and with health and social care professionals. They worked closely with professionals to address people's specific needs, such as in relation to their physical or mental health, social or equipment needs. They also worked closely with local pharmacists, to ensure people received their medicines. Professionals confirmed staff worked well with them to ensure people's needs were met.

Supporting people to live healthier lives, access healthcare services and support
● People told us if they needed support to access healthcare, this had been arranged or they were confident support would be provided if required. A person said, "I did have one occasion when they [staff] took me to A&E."
● People's care plans provided staff with information about the person's health. Staff had access to factsheets within the person's care plan if they had a specific health condition, such as for example, diabetes, arthritis or cerebral palsy. Staff were also provided with factsheets about, first aid, shingles, sepsis and urinary tract infections. A staff member confirmed, "The fact sheets are useful." They provided staff with relevant information to enable them to identify if people might be unwell and to enable them to support them effectively.
● People's care plans noted their oral health care needs and any support they 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 confirmed they were involved in decisions about their care. People had signed to demonstrate their involvement in their care planning. If there was a physical reason they could not sign their consent, this was documented. Where people lacked the capacity to consent to their care, legal requirements had been met. The outcome from mental capacity assessments and best interest decisions had been recorded.
● One person's records contained conflicting information about their capacity. However, there was a mental capacity assessment and a best interest decision regards their lack of capacity to consent to the care provided. This was brought to the registered manager's attention for them to review.
● Staff had received relevant training, supplemented with a MCA factsheet. Staff understood the principles

of the MCA and its application. A staff member told us, "Once seeing the person daily, you get a feel for how much capacity the person has" and then, "If the person lacks capacity we complete a MCA and a best interest decision."

Good

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 of this key question which 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 and relatives told us they felt staff were caring and kind. Their feedback included, "I think the girls [staff] that I get are very good and most helpful" and "I think they [staff] are very nice, very kind and caring." People and relatives all reported staff chatted whilst they provided people's care. Relatives told us even if people could not respond to staff, they still chatted with them. This showed staff saw people as individuals, they were inclusive and interacted with people.

● Staff had received relevant training in person centred care, equal opportunities, equality and diversity. Staff had the skills to provide kind and compassionate care.

● Staff did not rush people when they provided their care. People and relatives feedback included, "With the care we get now, it is not rushed" and "They [staff] always have time to do what they need to."

● People's care plans provided staff with relevant information about their personal history, routines and preferences about how they wanted their care to be provided. People told us most staff knew their routines and preferences well. A relative said, "They [staff] know the routine and it is in the big folder, and they have the information on their phones. They have been coming so long, that they just know."

● People's communication needs and preferences were noted in their care plan. For example, if they required an interpreter, or if they used sign language or Makaton, which enables people to communicate using symbols, signs and speech. The provider supported a person for whom English was not their first language. Although the person understood and spoke English, the provider employed staff who spoke the person's first language, which enabled them to communicate with the person's wider family in their preferred language, as per the provider's policies. Staff knew people well and treated them as individuals.

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

● People were provided with a copy of the provider's service user guide. This contained relevant information for people about their rights and advocacy services if they required any external support.

●Staff checked who people wanted, or needed to be involved in their assessment and care planning. Staff recognised people's families may have a different view from the person about their care needs and were skilled at ensuring the person's views were heard and understood. A staff member told us in such situations you must, "Always ensure the person is heard." Staff also worked with commissioners if required, to ensure people's views were heard. People confirmed staff listened and discussed their care with them. People's feedback included, "Yes, they do discuss things with me" and "Yes. If I ask them [staff] to do something, they will listen."

Respecting and promoting people's privacy, dignity and independence

● The provider used values based recruitment to identify and recruit staff whose values were aligned with

those of the service. The delivery of people's care was underpinned by the key values of kindness, respect, compassion, dignity and empowerment.

● People's care plans outlined any issues staff needed to be aware of, to ensure people's dignity and privacy were maintained during the provision of their care. People and relatives reported care was provided with dignity. A person said, "I have got so used to them [staff] now and they always treat me with respect."

● Staff providing people's personal care had to either be of the same sex or there had to be a same sex chaperone present. The provider ensured through checks on staff's practice, people's privacy and dignity was upheld.

● People were supported by staff to be as independent as they wished to be. People's care plans described what aspects of their care they could do for themselves. A person said, "They [staff] encourage me to do as much as I can." A relative confirmed, "Yes, they [staff] do support him to be as independent as possible. There are enough things he can do for himself and they encourage him to do so."

Good

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 of this key question which 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 and those whom they wished to be involved, developed their care plan with staff. People's care plans were detailed and personalised and staff understood them. A person said, "I think they [staff] understand very well." The care plan included any needs people had in relation to their protected equality characteristics as defined by the Equality Act 2010.

● People's care plans were regularly reviewed, especially in the early stages of their care. Staff told us, there was a review after a couple of weeks with the person to see how their care was progressing and to identify and address any issues promptly. People and relative's feedback included, "I have a care plan in the book here. I have signed this. Every year they come out and we go through it to decide if there is anything that needs altering" and "Yes, I have a care plan and I have a folder with it in. They would adjust this if there were any changes." Professionals confirmed staff were responsive to any changes in people's care needs, such as re-starting their care after a hospital stay or requesting changes if a person's care needs changed.

● The registered manager told us staff often provided care to people where other providers had 'handed back' the person's care to commissioners, as they could not meet the person's care needs. They believed in working with people and commissioners to really understand people's individual situation and to find a way of providing their care, this was confirmed by a professional.

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.

● People were asked about their communication needs at their assessment and if they required information to be provided in an alternative format, such as a different font, language or pictures. This information was then recorded, to ensure staff were aware of their needs.

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

● Although the service was not generally commissioned to support people with community based activities, they were able to provide this support if commissioned. Staff took a person shopping and supported another person to prepare their shopping list. They could also provide respite breaks for the person's carer if needed.

● People's care plans noted their interests and hobbies, how they liked to spend their time and their social contacts. The timing of people's care calls took into account people's personal commitments and their calls were booked to ensure these were accommodated if required. For example, the registered manager explained how a person liked their call times booked to enable them to attend a church service.

Improving care quality in response to complaints or concerns

● The provider's statement of purpose and complaints policy set out how complaints were handled and viewed as a valuable opportunity to reflect on the quality of the service received by people and to identify and rectify any shortfalls. No complaints had been received this year, but information about complaints and their handling had been sent out to staff, to ensure they were aware of the process. Records showed staff informed people of how to raise a complaint if required. Only a couple of people and relatives spoken to had raised the occasional concern in the past. Those who had not knew who to approach and were comfortable doing so if needed.

End of life care and support

● No-one was currently receiving end of life care. However, staff had worked this year with both district nurses and a local hospice to support a person at the end of their life. Staff providing end of life care had access to the provider's policy and were offered training covering how to work with people at the end of their lives, including religious and cultural observances. Staff were also provided with a factsheet about end of life care, to provide them with insight and guidance. Where people had a 'Do Not Attempt Cardiopulmonary Resuscitation' place in the event their heart stopped, its location was noted. This ensured staff were aware of this information.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 felt the service was well managed and many knew the registered manager. Most people reported they received a good service, although some felt office staff communication could be improved. This has been fed back to the registered manager for them to address. People's feedback included, "I am satisfied with them" and "I have a good service from them."
- The registered manager and the provider's leadership team had a good understanding of equality, diversity and human rights. All staff completed equality and diversity training and had access to relevant guidance. Prior to the pandemic, the registered manager told us staff would hold a weekly lunch, to celebrate cultural diversity. They picked a country and would bring in representative foods from that country to share. There was a diverse staff team to meet people's differing needs. Staff's needs and rights related to their culture, disability, religion or identity were identified, recognised and met.
- There was a positive and supportive working culture, which was open to learning. Some new staff had recently been recruited from abroad. The registered manager recognised the additional challenges they faced when settling into the UK and their new role, and measures were in place to welcome and support them. This included a mentor from the staff team and a 'welcome pack' to orientate them to the area. Staff confirmed this had helped them to settle in.
- Staff were valued and recognised through the provider's 'carer of the month' scheme which recognised the contribution of those staff who had gone 'above and beyond' to meet people's needs. Staff said it was a good team and they felt well supported.

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

- There had not been any notifiable safety incidents where the registered manager was legally required to notify the person's representative. However, they understood their legal responsibilities to do so.

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

- There were clear and effective governance, management and accountability processes. The registered manager was well supported within their role, both by their staff team, the provider's senior leadership team, head office departments and staff from the provider's other locations. The regional area manager and the regional director both had good oversight of the service and visited regularly. The regional director told us there was "Good cross working across branches," both to support each other and to provide

opportunities for staff to shadow and learn from staff from other branches.
● The registered manager was aware of any potential risks to the quality of care provided by the service and had taken relevant actions. For example, they were aware where 2 staff attended a person's double up call separately, records showed there had been some days when they had not arrived at the same time. The registered manager had addressed this with staff and reminded them to log in to the call using their phones as soon as they arrived. They had also requested a review, to assess whether the person still required 2 staff for this call. Appropriate actions had been taken.
● The registered manager understood the legal requirements and responsibilities of their role and ensured these were met.
● The provider was about to amalgamate a second location which the registered manager already managed with the service. The process had been well managed to ensure the transition was smooth for both people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● A service user satisfaction survey was completed in August 2022. There was a high level of positivity and where any areas for potential improvement were identified, there was an action plan in place. Feedback on the outcome of the survey was shared with people and staff. The regional area manager's contact details were also shared for any feedback. People also had opportunities to provide feedback about the service at their reviews, spot checks on staff and during telephone monitoring calls. Where people had raised issues in the past, appropriate action had been taken.
● There were regular staff meetings, where staff could raise any issues, or through their supervisions and spot checks.

Continuous learning and improving care
● Processes were in place to monitor the quality of the service and to identify areas for improvement. The registered manager completed a weekly location report for the provider. The registered manager, office staff and the regional area manager audited aspects of the service, for example, medicine administration records, daily logs, care plans, safeguarding and financial records. An action was then recorded and followed up for any areas which required attention. The provider's quality team also completed an annual audit of the service. There was a service action plan, which was used to monitor performance against a range of aspects of the service monthly and to identify areas for development such as cultural training, which was planned for January 2023.
Working in partnership with others
● Staff worked transparently and collaboratively with external stakeholders and agencies. Staff worked in partnership with key organisations to support people's' care provision. We received positive feedback from stakeholders about the registered manager's knowledge, honesty, transparency and communication on behalf of people.