

Mayfair Homecare Limited

# Mayfair Homecare - Hillyard House

## Inspection report

Hillyard House,  
2 Hillyard Street  
London  
SW9 0NH

Tel: 01902625070  
Website: [www.mayfair-homecare.co.uk](http://www.mayfair-homecare.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Mayfair Homecare – Hillyard House is a domiciliary care agency that provides personal care and support to people living in their own homes and flats in an extra care housing service within Hillyard House, that also offers communal facilities for dining and activities. At the time of our inspection, 32 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 received care in a manner that minimised the risk of avoidable harm. One person told us, "I really do feel safe. I have no worries at all." Staff understood how to keep people safe and to report concerns to reduce risk of harm. Risk management plans were put in place and followed to provide care safely to people.

People were cared for safely by sufficient numbers of staff who knew them well. Staff underwent safe recruitment and induction before they started providing care. Staff administered people's medicines safely when required.

People's care delivery followed best practice guidelines in relation to prevention and control of infection including those associated with COVID-19.

Staff were supported to undertake their roles through induction, training and supervisions. People were supported to eat and drink healthily and to meet their dietary needs. People received care that met their needs and supported to access health services when required. People consented to care and treatment.

People and their relatives were appropriate took part in planning for their care. People's care plans were individualised and updated regularly which ensured they received suitable care. People felt confident to raise concerns about their care. People's communication needs were met. Staff supported people to maintain their independence and to make choices about their daily living.

People and their relatives were happy with the care and support provided. Comments included, "The care is good" and "Staff are friendly." People enjoyed positive and meaningful caring relationships with staff who supported them. Staff respected and maintained people's dignity, confidentiality and privacy. People gave consent to the care provided.

People's care underwent quality assurance process to monitor and drive improvement of care provided. The registered manager promoted a culture of learning lessons when things went wrong. People, staff and

relatives were asked for their feedback about the service and felt their voices were listened to and valued. The registered manager and provider worked in partnership with other health professionals and agencies to ensure people 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](http://www.cqc.org.uk)

This service was registered with us on 06/09/2019.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

Rating at last inspection

The last rating for the service under the previous provider was good, published on 13 November 2018.

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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mayfair Homecare - Hillyard House

## **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 one 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

#### 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 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 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 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 all this information to plan our inspection.

#### During the inspection

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

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

We reviewed a range of records. This included five 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.

Inspection activity started on 30 November and ended on 9 December 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a way that reduced the risk of abuse. Comments we received included, "There is security and staff only allow bonafide visitors here" and "[Staff] treat me well and I feel safe having them around."
- Staff were trained in safeguarding to keep people safe from avoidable harm. Staff were aware of the provider's safeguarding systems and understood their responsibility to identify and report any concerns.
- The provider reported safeguarding concerns to the relevant authorities including the local safeguarding team in line with their legal responsibilities.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm. One person told us, "I feel safe to have my shower when the carers are with me."
- Risk assessments regarding people's health and wellbeing were carried out on various aspects of their needs such as mobility, eating and drinking, finances, medicines and environment. Regular reviews and updates were undertaken of people's needs to ensure staff knew how provide care safely.
- Staff knew risks to people and followed guidance in place to support people in a safe manner.

Staffing and recruitment

- People were cared for by a regular team of care staff who underwent safe recruitment processes. A relative told us, "[Person] has [care staff] twice a day and depending on how she is sometimes they do a double up. There is always someone to provide care."
- People told us and rotas confirmed sufficient numbers of staff were deployed to meet their needs. Staff absences were sufficiently covered.

Using medicines safely

- People's medicines were managed and administered safely. Medicine Administration Records (MAR) were signed and checked regularly to identify and resolve any concerns in a timely manner.
- Staff were trained in administering medicines and had their competence assessed.
- Staff had access to an up to date medicines policy and procedures for guidance which they followed.

Preventing and controlling infection

- People were supported in a manner that minimised the risk of infection. Comments we received included, "[Person] always looks clean and well cared for. I have no concerns on that score" and "[Staff] wear gloves, masks and aprons." Staff wore Personal Protective Equipment PPE including gloves, masks and aprons

when undertaking personal care and preparing food.

- We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff received training in IPC including COVID-19 and practiced good hygiene. The registered manager carried out spot checks, team meetings and one to one discussions with staff to ensure staff consistently wore PPE where appropriate.
- The provider ensured their IPC and COVID-19 policy and procedures were in line with national guidance.

Learning lessons when things go wrong

- People's care improved because staff were encouraged to learn lessons when things went wrong with any aspect of their care.
- The provider and registered manager reviewed accidents and incidents which enabled them to identify patterns and trends. Records were maintained regarding accidents and incidents that happened at the service and these were discussed with staff to improve service delivery and minimise the risk of a recurrence.



# 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's needs were assessed before they started using the service to ensure staff provided appropriate care. A relative told us, "I took part in the initial meetings to arrange [person's] care package." People and their relatives where appropriate were involved in planning for their care.
- Care and support were developed, reviewed and updated regularly in line with people's changing needs, preferences and the assistance each person required.
- Health and social care professionals were involved in care planning and staff referred and followed guidance and law. This ensured people received care delivered in line with best practice.

Staff support: induction, training, skills and experience

- People were supported effectively due to staff receiving support to undertake their roles. Comments included, "[Staff] are all very good" and "[Staff] do their work very well."
- New staff were provided with induction and training before they started work. This included shadowing experienced members of staff and follow up checks to ensure they felt confident to undertake support roles on their own.
- Staff received training in various aspects of their roles which included safeguarding, infection control and moving and handling. A relative told us, "[Staff] had a hoist when [person] needed hoisting and they were trained on it. I have no worries about their training." Staff had their knowledge and competence checked and provided with refresher courses when due. Staff were up to date with their training and had completed the provider's mandatory courses.
- Staff had regular supervision and records confirmed they had opportunities to discuss any concerns and ideas to develop and improve their practice.

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

- People received the support they required to eat and drink sufficiently and healthily. Comments included, "I get my meals when I need them" and "[Staff] are great and they know what dishes to cook and prepare meals for [person]." Staff knew people's dietary needs, including their food, drink and mealtime preferences.
- Staff supported people to plan, shop and prepare meals as appropriate to each person's needs.

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

- People were supported to live healthily and access healthcare services when required. One person told us, "[Care staff] come and do everything I ask. They leave me comfortable and go when they are finished." Staff

understood people's health and well-being needs and worked closely with them and their relatives where appropriate to manage their health concerns.

- People's care records showed staff followed guidance from healthcare professionals which enabled them to effectively manage their health conditions and to enjoy an improved standard of living, for example taking medicines for known conditions.

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

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

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make decisions about their care. Staff respected the choices people made about their day to day living.
- Staff understood MCA and its principles and were able to demonstrate how they supported people to make decisions about various aspects of their care. They knew when to act in the best interests of each person and the action to take when people were unable to make decisions that were complex. For example, referrals were made to other healthcare professionals such as psychiatrists to support a person to make a decision about where they lived or treatment plans.
- Staff received training in MCA and attended refresher courses to keep their knowledge up to date. Care records and our discussion with staff showed they applied MCA principles and upheld the rights of people.

# 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 told us they were happy staff treated them well and supported them as they wished. Comments included, "The staff that come are nice" and "We are forever grateful for the attention and care the staff and carers are giving [person] in the home."
- People and their relatives told us staff were kind and caring. They commented, "[Carers] have a good rapport with [person]," and "[Care staff] are respectful and very caring."
- People received care from a regular team of staff and had developed positive relationships with them. Staff told us they understood people's needs well as they were assigned regularly to them. This ensured they provided appropriate care to people.
- Staff respected and maintained people's equality and diversity ensuring their practices were inclusive and non-discriminatory. They told us this included respecting each person's individuality, and their needs relating to disability, gender, ethnicity and religion.

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

- People were supported to make their views known about the care and support they required. Comments included, "[Care staff] always check on how I want things done" and "I talk about my care and [care staff] respect my wishes."
- People and their relatives where appropriate were involved in decision making about the care and support appropriate to their needs.
- Support plans contained information about people's life history, preferences, routines and cultural needs. Records showed staff respected people's decisions and delivered appropriate care as required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. They told us, "[Care staff] are respectful, polite and friendly" and "[Staff] knock on my door before they come in and always wait for me to let them in."
- Staff knew how to uphold people's privacy such as maintaining their confidentiality by only sharing information with others on a need to know basis.
- People were encouraged to develop and maintain their existing skills to keep independent as far as practicable. Comments included, "I do as much as I can for myself. [Staff] are patient and encouraging" and "[Staff] help me to find ways to do things for myself. For example, I do some of the tasks while seated."
- Care records showed what tasks people could do on their own and the areas they required support. Staff supported people appropriately such as preparing and or warming meals, or with personal care whilst enabling the person to dress themselves.

# 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 meet people's needs, preferences, interests and give them choice and control

- People's needs were met. People and their relatives told us, "[Staff] know [person] well and their condition. Overall, I think [person] is getting a good level of care for her needs." Care plans reflected people's individual needs and the support they required. Staff were aware of each person's individual needs and delivered care in manner they wished and in line with their preferences.
- People and their relatives where appropriate were involved in planning for their care and support.
- People had regular reviews of their health and well-being and their care plans updated which ensured staff provided support appropriate to each person. People living with health conditions such as diabetes, dementia and mental health conditions and were supported to maintain their health as required.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident to raise a concern if they were unhappy with any aspect of their care. Comments included, "I would speak to [office staff] or [registered manager] depending on what the issue was" and "I've never had to bring up anything to do with my personal care and any building related issues are normally dealt with ok."
- People and their relatives were provided with a complaints procedure detailing how to raise a concern and what to expect in having their issues resolved.
- Complaints were investigated and resolved in line with the provider's policy and procedures.

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's sensory needs were met. Each person underwent an assessment of their communication needs and support plans reflected the manner in which people were able to express themselves. This ensured staff were aware of how to communicate with people which enabled them to care for them appropriately.
- The provider ensured people had access to information in a format they understood in line with the AIS requirements. For example, people were provided with information in larger print when required.
- Staff were able to communicate effectively with people because the provider ensured information was presented in a format they understood.

End of life care and support

- People were asked about their end of lives wishes and records of this maintained to ensure their views were respected.

- The provider and registered manager understood their responsibility to ensure people received dignified care at the end of their lives. They worked with other agencies and knew how to access resources to ensure people were supported at the end of their lives and had a comfortable and dignified passing.
- At the time of the inspection no-one was receiving end of life care from the service.

# 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 and their relatives were happy with the running of the service. Comments we received included, "I would recommend the service. They seem to be pitching it right for [person]" and "A well run service." The registered manager ensured staff understood each person's needs and followed guidance when supporting them which ensured people received individualised and suitable care.
- Staff told us they enjoyed good teamwork and felt a shared responsibility in ensuring people received a good standard of care. Staff morale was very high and they felt the provider and registered manager were supportive and valued their work.
- The registered manager championed the provider's vision which ensured staff put people at the centre of care delivery and the service.
- The registered manager understood their legal and statutory obligations by ensuring they submitted notifications to relevant organisations and raising safeguarding alerts when needed.

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 told us the registered manager was approachable and open to discussing any concerns in relation to the service and care provided. Comments included, "[Registered manager] is readily available and happy to assist in any way possible" and "Very good team of [care staff] and [registered manager]. Always looking out for [person]."
- Staff told us the registered manager encouraged them to take responsibility should care delivery fall short of expected standards. They said the emphasis was on them being honest and open when things went wrong which fostered a culture of reviewing their practices and learning lessons from incidents happening at the service.
- Staff received regular updates and communication between the team, provider and management that promoted an open management and culture at the service.

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

- Quality assurance systems in place were effectively used to assess and monitor the standard of care provided. Comments included, "I am happy with the care. [Registered manager] checks frequently the work done by [staff]."
- Audits were carried out on care and support plans, risk assessments and management plans, recruitment

and induction, training and supervisions, medicines management, customer satisfaction and record keeping. The provider and registered manager used findings to make required improvements.

- Staff were provided with clearly written and up to date policies and procedures which provided them with guidance on how to deliver care effectively.
- Staff had job descriptions, understood their roles and responsibilities and felt supported by the registered manager and provider to care for people. Staff had regular supervisions, team meetings, spot checks, handovers and communication from the provider and the team.

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

- People and their relatives, the public and staff were provided with opportunities to be involved and engaged in the running of the service. A compliment from a relative read, "We cannot express how deeply we value everyone's generosity of care and sincere thanks goes out to all. Your valuable co-operation is very much appreciated in the work carried out at Hillyard House." They felt the registered manager's open-door policy enabled them to contact the service any time when they wished to discuss care provided.
- The provider and registered manager engaged people, their relatives and staff in various ways. They held meetings, telephone reviews and undertook customer satisfaction surveys and quality assurance checks to ensure the needs and views of all people using the service were fully considered and provided for.
- The registered manager made the necessary improvements which ensured people's individual needs were appropriately met.

Continuous learning and improving care

- People's care delivery improved because the provider promoted continuous learning. A relative told us, "[Care staff] bring on new ideas to help [person] manage their health."
- The provider reviewed and developed their quality assurance systems to ensure they continuously improved the way they provided care for people.
- Team meetings were used as opportunities to learn and share good practice. Team meeting minutes and handover records showed incidents were discussed and good practice shared. This enabled staff to improve and maintain good standards of care.
- People and their relatives told us they enjoyed clear communication with the staff and management team and that improvements were made following their feedback.

Working in partnership with others

- People benefitted from the provider and registered manager's working partnership with the local authority who commissioned care and other agencies and healthcare providers. For example, the registered manager and provider worked closely with other agencies when people's conditions changed which ensured more support and appropriate plans were put in place.