Mayfair Homecare Limited

Mayfair Homecare - Hounslow

Inspection report

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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

Mayfair Homecare Hounslow is a domiciliary care agency. It provides personal care to mostly older people living in their own homes London Borough of Hounslow. It also supports some adults who are living with dementia and adults who have physical or learning disabilities. At the time of our inspection the service was providing care to 61 people.

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 told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people and their relatives about using the service. One person said, "They are very nice, they help me a lot" and a relative stated, "Yes they are very caring, and I am happy with them." People said staff were caring and treated them with dignity and respect. Staff sometimes provided extra support and assistance to people when this was not part of people's contractual care arrangements.

The provider made sure there were enough staff to support people and staff usually arrived at people's homes on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager.

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.

Adult social care professionals told us managers were responsive to and worked in partnership with other agencies to meet people's needs.

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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

Rating at last inspection and update
The service has recently been re-registered and this is the first inspection of the service under the new provider. The last rating for this service under the previous provider was requires improvement (published 10 December 2018).

Why we inspected
This was a planned inspection based on the new registration and the rating under the previous provider.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

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 - Hounslow

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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience who undertook telephone interviews with people who used the service. 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.

The service had a manager registered with the Care Quality Commission. 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.

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

Inspection activity started and ended on 19 November 2019. We visited the office location on this day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives of other people about their experience of the care provided. We spoke with eight members of staff including the regional manager, registered manager, branch manager, team leader and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered provider. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● The provider had appropriately identified and assessed all risks to people's health and safety. For example, risk of falls and skin breakdown. We saw individual risk assessments included guidelines for staff to follow to help ensure they knew how to meet people's needs and reduce the risk of harm. There was an overall risk management plan in place, describing risks to individuals, staff or the environment and action to be taken to avoid harm.
● Where people were at risk, we saw staff were pro-active and took prompt action to reduce risk. For example, one person who had pressure ulcers had been refusing care from the staff and as a result, the person's skin was deteriorating. The staff were concerned, and this was escalated to local authority's safeguarding team as the person was seen to self-neglect. We saw evidence of communication and multi-disciplinary meetings to try to find a suitable solution, so the person would receive the care they needed.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe with the care workers who supported them. Their comments included, "Yes I feel safe" and "Yes I feel safe, never unsafe." Relatives agreed and added, "Yes they look after my family very well" and "Yes we have always felt safe with the staff."
● The provider had systems in place for noting and responding to safeguarding concerns. We saw these were reported, recorded, shared with the local authority and investigated where appropriate.
● Staff completed training on safeguarding adults. Staff knew how to recognise and respond to safeguarding concerns and felt they would be listened to if they reported these.

Staffing and recruitment
● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.
● People told us staff were usually on time for their planned visits. One person stated, "Yes they are usually on time" and another said, "Sometime the trains are late, it's a matter of give and take. They would ring to say that they are on the way." There were enough staff deployed to meet the needs of the people who used the service.
● There was always a senior member of staff on call out of normal office hours. This meant people who used the service and staff were able to call someone anytime.

Using medicines safely

● There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training and regular refreshers.
● Medicines Administration Record (MAR) charts were collected monthly from people's homes, and the senior staff undertook medicines audits. Where an error was identified, we saw evidence that appropriate action was taken without delay, such as meeting with the responsible staff members, and sending a memo to all staff.
● Where staff were required to apply cream or ointment to a person's skin, a body map was in place to indicate where this was meant to be applied.
● Where people were prescribed 'as required' (PRN) medicines, there was a PRN protocol in place. This was clear and comprehensive and contained guidelines for care staff to help ensure people received these medicines appropriately.

Preventing and controlling infection
● There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment such as aprons, shoe covers and gloves, and were able to obtain these when they required.

Learning lessons when things go wrong
● There was an accident and incident policy and procedures and staff were aware of these.
● Accidents and incidents were recorded and included a factual account of what happened, what might have led up to the incident, what actions were taken, what could have been done differently and any follow up steps.
● The registered manager explained they discussed all incidents and accidents and learned from these as a team. They said, "We check medicines and where there are mistakes, we analyse what went wrong. We look at what happened. Recently one service user had a fall, [they] had a mat sensor. However, [they] had a fall as soon as [they] got up. We advised the family to get a bed sensor and for the carer at night to be near the door. We have open discussions with staff."

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 for this newly registered provider. 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, and assessments were used to write people's care plans. Pre-admission assessments were comprehensive and included the person's living arrangements, health care needs and allergies, medicines, communication needs, hearing, sight, mobility and skin integrity.
- Where necessary, individual assessments were undertaken in areas where the person required specific support. For example, there was a comprehensive moving and handling assessment for a person who was unable to mobilise by themselves.

Staff support: induction, training, skills and experience

- People and relatives thought staff were well trained. New staff received an induction which included an introduction to the service and its policies and procedures and shadowing more experienced staff. They were assessed in all areas of their work, such as moving and handling and personal care. When assessed as competent, new staff could support people unsupervised. One staff member told us, "I got a good induction here in the office. Four days of training. I did love it. Then I shadowed, then after three months, I got my certificate. I had a good partner for shadowing, it really helped me."
- Staff received training in subjects the provider identified as mandatory such as safeguarding, moving and handling, medicines, mental capacity and infection control. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff also received training specific to the needs of people who used the service, such as dementia care, person-centred care, end of life care and pressure ulcer care. The training matrix indicated staff training was up to date and regularly refreshed.
- Staff told us they felt supported by the management and received regular supervision. One staff member told us, "We get supervision at least every six months. It is definitely helpful." The care coordinator confirmed this and said, "Staff have regular supervision." Senior staff undertook regular spot checks in people's homes and we saw evidence of this. These helped ensure people who used the service received their care according to their needs and wishes.

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

- People were happy with the support they received with their meals. One person told us, "They cook and prepare the food, I do like it."
- People were supported by staff with food and drinks of their choice. Some required already prepared

meals to be warmed up and other required snacks to be prepared.

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

● People had access to healthcare professionals and staff supported them to attend appointments where necessary. Staff knew what to do if a person they supported was unwell. One person told us, "Yes they would call the doctor for a home visit."

● Care plans contained details of people's healthcare conditions, what impact these had on the person and how to support people.

● Where people had serious health conditions, care plans included details of symptoms to look out for and guidance about how to meet people's needs to avoid them becoming unwell.

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

● People told us they were consulted about their care, and their choices were respected. The registered manager told us where people had the mental capacity to make decisions about their care, these decisions were respected.

● Where people lacked the capacity to make certain decisions, they had their capacity assessed, and decisions were made in their best interests. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.

● Staff received training on the principles of the MCA and demonstrated an awareness of this.

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 for this newly registered provider. 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 treated with kindness and respect. One person stated, "Yes they are very kind, they would ask how we are" and another said, "They show love, respect, and they are very caring." A relative agreed and said, "Yes they are very caring and I am happy with them."
- People were asked if they preferred a female or male care worker. Some people had been unhappy in the past but this had been addressed. One person told us, "We did have some problem in the past because we wanted a male carer and we got a female, but everything is fine now" and another said, "I complained about having the female carer instead of a male. I am happy now."
- People's religious and cultural needs were respected and met. For example, some people followed a vegetarian diet and staff supported them with this. Some people were Muslim and preferred to receive care from male care workers. The registered manager told us, "We are ensuring that we are allocating male care workers and also ensuring that they are preparing halal food for them."
- Staff received training in equality and diversity. The registered manager told us, "We ensure they shadow very experienced carers and ensure they treat all people equally. We make sure they understand they need to treat people according to their individual needs. We do spot checks to check if people are happy with the carers."

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

- People told us they were consulted and involved in decisions about their care. They told us staff took time to explain things and listen to them. One relative told us, "Yes [family member] has a care plan, I was consulted. We discussed what was needed" and another stated, "Yes we talk and discuss what my [family members] need."
- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People and relatives told us the care workers knew their individual needs and met these. One relative stated, "Yes they do [know the person's needs], they are very careful with [them]." The registered manager told us, "We are making sure the care workers understand people's individual needs, spend time with them, find out how to do things their way. For example, supporting people to make choices and have a say."

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 for this newly registered provider. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans were comprehensive and person-centred. They included all details about people's care and support and how they wanted this. Care plans contained an introduction to the person, their background, health issues, any dietary requirements, medicines and objectives. There were also details about what the person required at each visit, to help ensure care workers knew how to support the person as they wished. Where possible, people had signed their care plans to indicate they understood and agreed their contents.

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 communication needs were recorded in their care plans. One person's care plan indicated they had a speech impairment although they had no problems understanding speech. The person's care plan advised staff to give the person time to speak.

● Some people could not communicate verbally. The staff we spoke with told us they wrote things and used body language to communicate effectively with people. Staff received training in this at the start of their induction.

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

● Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in the community. The registered manager told us, "We encourage people to take part in community activities if they can, to reduce the risk of isolation. Some go to the day centre."

Improving care quality in response to complaints or concerns

● People and relatives told us they knew how to complain and felt confident their concerns would be appropriately addressed. Their comments included, "No I have never complained, they are pretty good" and "No I haven't [got any complaint], but I would know what to do."

● There was a complaints policy and procedures and people were aware of these. The provider kept a log of all complaints they received. We saw evidence that complaints were taken seriously and addressed and

responded to in a timely manner.
● We saw evidence that when there had been complaints about the conduct of a care worker, the provider had followed their disciplinary procedures to deal with the situation effectively.
● The provider kept records of any compliments they received from people who used the service or relatives. We viewed a range of these which included, "The carers are stars", and some emails which relatives had sent in order to show their appreciation of a particular care worker who had been exceptionally responsive to their family member's needs.

End of life care and support
● Where people were entering the last stages of their lives, we saw their care plans, when possible, reflected their needs and wishes on how to support them, and any information staff may need. For example, one person had a terminal illness and was unable to contribute to their end of life care plan. However, they had a Do Not Attempt Resuscitation (DNAR) in place that was visible in their home, so their wishes not to be resuscitated would be met. These are decisions that are made in relation to whether people who are very ill and unwell should be resuscitated if they stop breathing.
● The person's care plan listed symptoms for staff to look out for, so if the person was showing signs of increased pain, or a marked deterioration in their health, staff would know what to do, such as calling an ambulance and the relatives.
● The registered manager told us they had tried to speak with people about their end of life wishes but many did not want to talk about these. However, for those happy to discuss, they had an end of life care plan in place which outlined their wishes such as where they wanted to spend their last days, who they wanted contacted, and any specific requirements in relation to end of life care and after life care. All staff had received end of life care training, and were able to demonstrate their understanding of this topic.

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.

This is the first inspection for this newly registered provider. 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 relatives spoke positively about staff and management. They told us the registered manager was approachable. Their comments included, "I don't know what the manager is like, I have never met [them] but [they] seem nice over the phone", "Yes I have meet [them], [they are] very nice" and "Yes [they] came here yesterday, [they] phone sometime to find out if everything is ok."

● Staff told us they felt supported by the management and could contact them at any time. Their comments included, "I love working here. The office staff are really good with us. If I have any problem I can come and speak to them and they listen. They make me love the job. When you feel comfortable with management, you love your job more", "Our manager will help in any way [they] can. You know you can go and talk to your manager anytime" and "They listen to us. They help you. I have really nice clients who appreciate me. I am not going anywhere".

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

● The provider understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The registered manager told us, "As a provider it is important to be transparent about any complaints or safeguarding concerns. We monitor the service, we respond to complaints."

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

● The provider had a number of auditing tools in place which included audits about recruitment, care plans, accidents and incidents, health and safety and medicines and these were effective.

● Senior staff carried out unannounced spot checks in people's homes where they checked records and if the care workers were following the person's care plan. Any concerns were addressed with individuals. Records we viewed confirmed this.

● Staff told us they felt supported and valued by all the senior staff including the registered manager. Each month, a care worker would be named 'carer of the month'. One staff member told us they won this only six months after joining and felt valued. They added that this had made them want to work harder and keep improving. They said, "I was so happy. I give my all to them."

● We saw evidence the provider supported their staff when they went through difficult periods in their lives, for example, giving them time off, speaking with them or providing practical advice. Staff we spoke with told

us they always felt able to raise any worries they might have, knowing they would be listened to.
● The provider issued regular memos to staff to keep them informed of developments within the company, and any improvements needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider conducted annual satisfaction surveys with people who used the service. The results of these were analysed by the provider. We viewed the most recent survey which indicated a high level of satisfaction.
● People were also regularly consulted about the care they received and the files we looked at showed people were happy with the support they received. Comments included, "Best carer ever" and "Very happy with Mayfair."
● There were regular office staff meetings where a range of subjects were discussed, such as risk assessments and care plans, new referrals or any important information. There were also regular care workers meetings, where staff had the opportunity to discuss any concerns and share communication. Subjects discussed included medicines administration, MCA, safeguarding, and communication.
● The provider had started a new 'birthday card' competition. This was open to all care workers and their children. The winning design was chosen and developed into a birthday card which was sent to people on their birthdays.

Continuous learning and improving care
● Every month, care staff were given a 'fact sheet' about a specific subject relevant to their work and the people they supported. They were expected to read and learn from these, and sign to evidence they had understood their content. These were discussed in team meetings to help embed knowledge, in order to benefit the people who used the service. Fact sheets subjects included sepsis, end of life care, diabetes and MCA.
● Some of the carers were supported to complete a health and social care diploma at levels two and three. The registered manager was currently studying for their level five diploma.

Working in partnership with others
● The provider had taken part in 'Dementia action week 2019' and had baked cakes to raise money for the Alzheimer's society. We saw their efforts had been rewarded by a letter of thanks from the society's customer care manager.
● The provider embraced the diversity of their workforce and organised events to celebrate this. The registered manager told us, "We are planning Christmas time whereby each care worker brings some food from their country and we celebrate together."
● The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They added they increased their knowledge by liaising with a range of healthcare professionals such as occupational therapists, district nurses and the tissue viability nurse.
● The local authority had conducted an inspection of the service in early November and had found the service to be good in all areas.