

Mayfair Homecare Limited

Mayfair Homecare - Basingstoke

Inspection report

35 Winchester Street
Basingstoke
Hampshire
RG21 7EE

Tel: 01256474020
Website: www.mayfair-homecare.co.uk

Date of inspection visit:
11 May 2022
26 May 2022

Date of publication:
06 July 2022

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 Basingstoke is a domiciliary care agency. The service provides personal care to people living in their own homes and flats. At the time of our inspection there were 49 people using the service.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

People's experience of using this service and what we found

We received very positive feedback from people and relatives about the quality of care. They told us they received a consistent service at planned times from staff who they were familiar with.

People and relatives told us the registered manager and senior staff were approachable, professional and caring. Senior staff had a good understanding of their role and ensured they had a good working knowledge of people's needs.

People received personalised care in line with their needs. They told us they were involved in developing and reviewing their care plans and that the provider was good at seeking and acting upon their feedback.

People's care plans reflected their needs and clearly outlined which care tasks people required and how they would like this care to be carried out.

People and relatives told us they were treated with kindness, dignity and respect. They told us how the provider had made significant efforts to promote their happiness and wellbeing and that they appreciated the efforts they had gone to achieve this.

The registered manager fostered a positive atmosphere at the service. They had an open and friendly approach to people, relatives, staff and professionals, which helped ensure people were comfortable raising issues or giving their feedback.

The provider was responsive during the COVID-19 pandemic to help ensure people had the care, food and medicines they required. This included taking on additional unpaid duties around shopping, collecting medicines, providing additional care calls and wellbeing checks.

There were enough staff in place to meet people's needs. Staff we spoke to were dedicated in their role and had formed positive working relationships with people and relatives.

Staff received appropriate training and support in their role. They told us that the registered manager and

senior staff were very supportive, approachable and were good role models.

Risks related to people's health and medical conditions were detailed in their care plans. Staff were proactive in identifying emerging risks and changes in people's health. They were confident in making referrals to professionals or carrying out their instructions for ongoing care.

The registered manager had a good oversight of the service. The team of senior staff were clear in their roles and responsibilities and there were systems in place to monitor and improve the quality and safety of the service.

There were systems to enable office staff to monitor the quality of care responsively, using an electronic care planning system. This included the monitoring of care calls, care notes, incident reports and medicines administration.

There were policies and procedures in place to protect people from the risk of suffering abuse or coming to avoidable harm. There were systems in place to ensure that incidents were appropriately reported, recorded and reflected upon.

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 information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on 14 October 2019 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 - Basingstoke

Detailed findings

Background to this inspection

Inspection team

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 carried out by one 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 11 May 2022 and ended on 26 May 2022. We visited the provider's office on 11 May 2022. We spoke with the registered manager, the regional manager and two members of senior staff. We reviewed six people's care plans and a variety of records such as policies, incident reports, compliments, audits and quality assurance records. We spoke with 11 people and relatives via telephone on 11 May 2022 to gain feedback about their experience of receiving care. We spoke to six members of staff via telephone on 13 May 2021. We spoke with one health and social care professional with recent experience of working with the service on 20 May 2021.

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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People and relatives told us they received safe care. Comments included, "I feel safe, they [staff] are fine", and, "[I feel] completely safe, [my relative] is so comfortable with them [staff]."
- Staff had received training in safeguarding and understood procedures to follow to help keep people safe. Comments included, "Anything I am concerned about I report to the office. When you raise safeguarding concerns, they [the office] deal with it quickly and well."
- The provider had a safeguarding policy in place, which outlined the steps the provider would take to reduce the risk of people suffering abuse or coming to avoidable harm.

Assessing risk, safety monitoring and management

- Risks related to people's care were documented in care plans, with instructions in place for staff to reduce these risks. For example, where people required the use of hoists when moving around their home, staff had received training in the use of this equipment to help ensure this care was carried out safely. People and relatives told us, "I presume its part of the training they [staff] have; they are all competent using the hoist and there has never been any issues with it", and, "I feel very safe [when being hoisted] I don't like it but I feel secure with them [staff]."
- There was a 'non-entry' policy in place. This outlined procedures staff should follow if they were unable to establish contact with people at planned care call times. This helped to ensure the provider could establish people's safety and whereabouts. Staff understood the steps they needed to take to ensure they could account for people's safety. Comments included, "I would call the office, contact families, call through the letter box or contact neighbours. It is important that we know people are safe."
- The provider had an 'out of hours on call service'. This was a telephone-based system operated by a separate staff team employed by the provider, who were based outside the local area. There was mixed feedback from staff around how effective the out of hours service was. Staff comments included, "They don't always know about local areas, so not always much help", and, "Because they don't really know the clients or their care needs, often they are unable to give advice."
- The registered manager was aware of the mixed feedback and had organised senior staff to be on call on a rotating basis. Most staff we spoke to told us that if there were care related issues, they would by-pass the provider's out of hours service and contact the senior staff on call directly instead. One staff member said, "I just go through local office as 'on call' don't know people's specific needs, specific conditions or medicines."
- The provider had a business continuity plan in place. This detailed how the service would run safely in the event of exceptional circumstances such as staff shortages or extreme weather. People's care needs had been risk assessed to ensure the most vulnerable were prioritised in the event of such a situation.

Staffing and recruitment

- People and relatives told us there were enough staff in place, telling us they received their calls at consistent times and staff stayed the duration of their planned visits. Comments included, "They [staff] stay the right time, in fact sometimes it can be five or ten minutes over" and, "They [staff] are regular with their times and its usually the same girls."
- The registered manager told us they had experienced difficulties in recruiting new staff which had affected their ability to take on new packages of care. The provider had recently put resources into promoting recruitment and retention of staff which the registered manager felt was having positive effects. They told us, "It's getting better now, but recruitment has been the quietest I have known it."
- The provider's recruitment processes were in line with requirements. This included Disclosure and Barring Service (DBS) checks for prospective staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us that office staff were responsive in covering care calls themselves when permanent staff were absent. One relative commented, "Someone from the office comes if they are short". This helped to add a contingency to staffing arrangements and promoted a consistent, safe service.

Using medicines safely

- People told us they received appropriate support to manage their medicines. Comments included, "They [staff] give me the paracetamol, that's all I need" and, "[My relative] is unable to move, they [staff] give her medication three times a day. They take it out of the Dossette box and give them to her. She can take it from them and put them into her own mouth."
- People's care plans contained the support they required around their medicines management. This included who was responsible for ordering and collecting prescriptions. This helped to ensure it was clearly defined what staff's role was and who to contact if there were issues. One relative told us, "They [staff] know more than I do, they phone me to let me know what they are doing. Yesterday [my relative's] water tablets were running out, staff put an order in for medication, which I'm picking up today."
- Staff had received training in medicines administration and their competency in this area was regularly assessed through observations of their working practice by senior staff.
- The provider had a medicines policy in place. Developed in line with best practice guidance, this detailed the procedures staff needed to follow when administering people's medicines.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was using PPE effectively and safely. Comments included, "They [staff] wash their hands and wear gloves and masks", "They have always got masks and gloves on. If they are preparing a meal they take their gloves off, wash their hands and put new gloves on", and, "They [staff] always turn up with masks on and put gloves on when they come in."
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People and relatives told us they were confident that staff responded appropriately to incidents. Comments included, "One instance in November, I fell on the floor. Staff found me and called 999 and got me taken to hospital."
- Staff followed up incidents by completing reports which were reviewed by the registered manager. Staff were confident in following the correct procedures when incidents occurred to promote people's safety and wellbeing. One staff member told us, "One person had fallen and expected us [staff] to pick him up, we know we are not allowed to do this, so we called to get medical attention."
- The registered manager held meetings with staff where learning from incidents could be shared. This

helped to ensure that staff understood how to adapt their working practices to reduce the risk of similar incidents.

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 newly registered service. We have rated this key question 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 and relatives told us the registered manager was proactive in ensuring care assessments were completed prior to care starting. Comments included, "The manageress [registered manager] came to visit me before [my relative] came home and we talked about everything", and, "I had to fill in forms and we talked about it [the care required]." This helped to ensure people's preferences and routines were reflected in their care plans.
- People's assessments included reviewing information from health and social care professionals to help ensure all commissioned care tasks were reflected in people's care plans.
- People's care plans were accessible to staff via their work mobile phones. This enabled them to familiarise themselves with people's needs prior to care visits. One member of staff told us, "You can read the care plan before you go in, so you and the client [person] are more comfortable as you know what you are doing."

Staff support, training, skills and experience

- People and relatives told us that staff were skilled and competent in their role. Comments included, "I think they are well trained. They are good with me", "There is always two of them, one on each side of the bed. They seem quite experienced", and, "They are just competent; they know what to do. They just crack on."
- Staff received good quality training, induction and ongoing support in their role. They received additional training around people's specific health conditions and regular training updates of the provider's mandatory training to help ensure their knowledge was current.
- Staff told us they were happy with the training provided and that they were confident they could meet people's needs. Comments included, "Training was very good. Online and face to face for moving and handling. It was more comprehensive than other care companies, for example, I got trained to deliver stoma care, which meant I knew what I was doing."

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

- People and relatives told us they received effective support from staff around their nutrition and hydration. Comments included, "They [staff] make me cups of tea and they make me drinks of water. They say, 'come on, have a drink of water', I wasn't drinking enough, but I am better now", and, "Staff will get breakfast and lunch [for my relative] who is very picky, her diet is limited, they have tried to prompt her to have a hot meal and to encourage her to eat different meals."
- People's care plans identified the support they required to ensure their dietary requirements were met.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were documented in their care plans. This included any ongoing support people required from staff to manage these conditions. This helped to ensure it was clear what staff's role was and when it was appropriate to seek external support from health professionals.
- A healthcare professional told us that the provider was efficient in quickly setting up effective care packages for people. They told us, "They [the provider] is generally very responsive and gets care packages organised either that day or the next."
- Staff had a good knowledge of recognising when people's needs changed and that they required input from external health professionals. People and relatives' comments included, "On a number of occasions, they have felt she needed a doctor or an ambulance. They've dealt with that in the moment then they call me. They stay until she is in the ambulance. They do an amazing job", and, "One of them [staff] did suggest I contact the doctor to ask for hydrocortisone cream, which I did."
- Staff were competent in supporting people to carry out recommendations from external professionals. One person told us, "The physio wrote it all down [instructions of exercises], they [staff] would say, come on, let's do it, and they did it with me."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider had appropriate systems in place to gain consent from people to provide care.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf.

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 newly registered service. We have rated this key question 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

- We received very positive feedback around staff. People and relatives' comments included, "They're brilliant [staff], absolutely brilliant. Especially my main one. We have a laugh and if I get someone else I get disappointed, but they're all good, they're brilliant."
- Staff had an excellent understanding of people's needs and spent time investing in their wellbeing. One relative told us, "My [relative] can't speak; communication is quite difficult. A couple of the girls come in and sing Abba songs with her and she joins in with them'. They don't talk to her like she is an old lady, they talk to her like a friend. One even brought her dog around for [my relative] to see, [my relative] loves dogs."
- In another example, a relative told us, "They [staff] will go out of their way to make [my relative's] life happier. When she had to go to hospital, the carers had to go elsewhere but they insisted I called them when the ambulance arrived, so they could go back to hoist her with the ambulance. Even the ambulance crew were amazed."
- The provider informed people about changes to care call times and staff. One person told us, "If anything happens, they [senior staff] call and let you know they are going to be late." This helped to ensure people received their care as expected.
- The provider had policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care. Staff we spoke to were sensitive of equality issues, demonstrating an understanding of the importance of treating each person as an individual.
- People's spiritual and cultural needs were documented in their care plans and any special requirements listed for staff to follow were included.

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

- People and their relatives were fully involved in the planning, reviewing and making decisions about their care. The provider conducted regular review meetings and telephone calls with people to ensure their views were considered. Comments included, "They [staff] follow the care plan and take my advice", and, "I'm consulted [about my care arrangements]. I've had a couple of reviews lately."
- People told us the provider worked to identify their preferences around care and made adjustments accordingly. One person told us, "I told them I didn't want any male staff. They don't send me male staff."
- People received consistent staffing which promoted continuity of care. Relatives told us they appreciated the efforts made by the provider to ensure people were familiar and comfortable with staff provided. Comments included, "They try to keep it to the same staff, which helps [my relative] as she has got used to the girls."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were sensitive to promote people's dignity and privacy whilst providing support with their personal care. Comments included, "When I'm sitting on the chair to be washed, they cover me in towels and close the blinds", and, "When they [staff] are changing [my relative] they always shut the living room door and curtains, they are very aware of that."
- People and relatives told us staff were courteous and would always ask people's permission before carrying out care tasks. Comments included, "They just ask me, they don't assume," and, "They [staff] always ask [my relative] if she wants changing, They always ask her first."

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 newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- The provider made adjustments to care arrangements to meet people's changing needs. People and relative's comments included, "We had a change as [other family member] was starting work, they [the provider] changed the times for us. It gives [other relative] time off from caring for me", and, "When I ring and ask them [the provider] if they could give her a shower, they said they would make extra time in the morning. Vice versa, if they felt something needed changing, they would call me and have a chat about it."
- People's care plans reflected their preferred routines around their personal care support. One relative told us, "The care plan is quite thorough. When [my relative] came out of hospital he had cellulitis, I made sure he had separate bowls and towels. I made sure it was in the care plan and they have followed it through since."
- Senior staff carried out initial care calls to help ensure care plans were fully reflective of the support people required. One member of senior staff told us, "Being out in the field [carrying out care calls] makes it so much easier to write care plans."
- The provider had systems in place to ensure people had access to equipment and services required. This included helping people register with GP surgeries, making referrals to health professionals or supplying equipment such as continence pads until regular deliveries could be organised.
- One relative told us, "The office orders mum's pads when needed, they always contact me if anything is needed. They work as a good team." The registered manager told us, "We find a lot of people are discharged from hospitals and are waiting for the right equipment to be organised or delivered, that's where we can help. For example, we have a store of continence pads which we can give to people whilst they are waiting for their assessment from the continence service."
- The provider was responsive during the Covid-19 pandemic to help ensure people had the care, food and medicines they required. This included taking on additional unpaid duties around shopping, collecting medicines, providing additional care calls and wellbeing checks. The provider had received numerous compliments from people and relatives about the efforts they made during this time.

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's communication needs were considered as part of the provider's assessment process. This included, how people could contact the service and the format in which information was sent. The provider made adjustments, such as providing documentation in an adapted format to ensure these were accessible.

Improving care quality in response to complaints or concerns

- People told us that all senior staff were approachable and that they would feel comfortable raising a complaint or concern. Comments included, "I think I would talk to [staff member], she co-ordinates it all. I haven't had to", and, "I would put it in writing to them if I had a problem."
- The provider had a complaints policy in place. This outlined how people could make a complaint and how the provider would investigate and report back to people in response.

End of life care and support

- Staff had the training and skills to provide responsive and empathetic end of life care. Relatives we spoke to told us that staff were sensitive and supportive when providing care towards the end of their family members lives. One relative told us, "In the past few days especially, they have made sure she was comfortable and well cared for. They have answered any questions and put my mind at ease."
- We received positive feedback from a healthcare professional around the speed and professionalism the provider demonstrated when taking on new referrals for people requiring care at the end of their life. They said, "They are one of the best providers I work with."

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 of this newly registered service. We have rated this key question 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 told us the service was well managed and senior staff were caring and approachable. Comments included, "I think its organised very well. If you need to call, you can call whenever and make necessary arrangements", "They're friendly, caring and kind. I couldn't wish for a better care agency", "It's a very efficient, well run, well-oiled service", and, "Brilliant, absolutely brilliant. I can't fault them."
- Staff were positive about their role and the support they received from senior staff. Comments included, "Really good company to work for. When it is like that you can enjoy your job because you know you are supported. This has a really good knock on effect for clients [people]", "[The registered manager] is the best manager I have ever had", and, "Office staff are really good to work with. As a team of leaders, they are really supportive. They will support you with any issues."
- Senior staff took a hands-on approach by regularly working alongside staff, visiting people, and covering staff absence. They had a good understanding of people's needs and were dedicated in their role. One staff member told us, "We are always made to feel welcome in the office. The management come out to do care and foster a supportive environment."
- The provider had developed a positive working environment, which focussed on promoting staff's wellbeing. This was achieved through initiatives such as staff recognition awards and sharing positive feedback received from people.

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 registered manager was aware of their responsibilities in relation to duty of candour. There were policies and processes in place to ensure the provider acted in a transparent way in line with the requirements of this regulation.

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

- There was a clear management structure in place. The registered manager was supported by a team of senior staff who were responsible for supporting the registered manager to oversee the running of the service. Senior staff we spoke to were clear about their responsibilities and motivated in their role.
- The registered manager told us that the senior management from the provider were supportive and understood how to meet the key challenges the service faced. For example, the provider had recently put initiatives in place to support recruitment and retention of staff.

- The registered manager audited people's care and medicines administration records to help identify any errors or concerns. They addressed any issues identified with staff to help promote improvement.
- The provider had sent statutory notifications to CQC about significant events at the service as required.

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

- There were systems in place for people and their relatives to give feedback about their care. This included telephone calls, review meetings and questionnaires. The registered manager acknowledged good practice identified and addressed any areas of improvement where required. Comments included, "We get regular, quarterly questionnaires. I've raised a couple of points we were not happy with. They get back to us."
- Results of the most recent survey sent to people in February 2022 contained very positive feedback about the leadership of the service and the quality of care.

Continuous learning and improving care

- The provider had recently introduced the use of an electronic care planning system. This enabled senior staff to monitor care call times, review care call notes and incident reports in 'real time' from the office. The registered manager told us this system had been beneficial in picking up issues or incidents quickly.
- The registered manager promoted staff's ongoing learning and improvement by holding regular staff meetings, training sessions and sending newsletters to address specific issues or training needs.

Working in partnership with others

- The service worked effectively with other agencies and healthcare professionals. We received positive feedback about their communication in these situations.