

Mayfair Care Services Ltd

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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

This inspection took place on the 28 August and 29 August 2018 and was announced.

This service is a domiciliary care agency. It gives personal care to people living in their own houses. It provides a service to older adults. Not everyone using Mayfair Care Service Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care;' and help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of our inspection, there were 54 people using the service, all of which received personal care.

Positive feedback had been received, and a good standard of care and support was being delivered. The management team and staff continued to find ways to improve the service and it was passionate about caring for people, including those with dementia. The vision and the value of the service to 'respect people and their right to privacy, by providing care in a person centred and flexible way.'

Staff had a good understanding of people's needs and provided person centred care which put people at the heart of the service. They continued to find ways of supporting people to have a good quality of life and maintained their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff have a good understanding of systems in place to manage medicines, safeguarding matters and behaviours that were challenging to others. People's medicines were managed so that they received their medication in the right time and in the right way. There was sufficient staff available to ensure people's wellbeing, safety and security was protected. Robust recruitment and selection processes were in place.

Staff were compassionate, kind and caring and had developed good relationships with people using the service. People were comfortable in the presence of staff. Relatives confirmed the staff were caring and looked after people very well. People were provided with the care, support and equipment they needed to stay independent.

Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were fit and able to do so. End of life care plans included people's wishes to ensure their passing was comfortable, pain free and as peaceful as possible. When people's lives ended, their wishes and instructions were carried out.

People were involved with care planning and staff knew people well and were aware of their personal histories. People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Positive relationships had developed between people and the staff that supported them. Information included guidance for staff so they could follow a structured approach to recognise and

manage people's health conditions.

Robust systems were in place to seek the views of people who used the service, and check the quality. Spot checks, care planning review meetings and audits were carried out on a regular basis. People's feedback about the service they received were integrally used, to review the service and to make improvements. People had positive relationships with staff members spoke positively about the service. There was a strong value base to ensure staff were caring and compassionate.

Further information is in the detailed findings below.

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 ●

This service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mayfair Care Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of care service. The inspection took place on the 28 and 29 August 2018. The provider was given 48 hours' notice of our inspection to ensure we could gain access to the information we needed. We visited the office on 28 August 2018 and visited people in their own homes by arrangement on 29 August 2018. We also spoke with people using the service, relatives, and staff by telephone on 29 August 2018.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about notable events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Healthcare professionals and local commissioners were approached for comments about the service and any feedback received has been included in the report.

During the inspection process, we spoke with 9 people who received a service, 2 people's relatives and a health care professional. We also spoke with the registered manager and 7 staff working in the service.

We looked at five people's care records. We looked at records relating to three staff. We also looked at the provider's arrangements for managing medicines, supporting staff, managing complaints, and monitoring and assessing the quality of the services provided.

Is the service safe?

Our findings

Everybody we spoke with told us they felt safe when being supported by staff in their own home. One person said, "They are fantastic and brilliant. I have complete and utter confidence in them. They make me feel confident." Another person said, "I feel safe and secure. They are so kind."

Clear systems and procedures were in place to safeguard people. Staff attended training and were knowledgeable about the signs of abuse. Staff and the registered manager were aware of their responsibility and knew how to report concerns in the right way. Staff told us they were confident the registered manager would act to deal with any safeguarding concerns that were raised with them.

Everyone we spoke with told us, the staff arrived on time and they were supported by regular staff. No one we spoke with had experienced a missed visit. One person said, "I always have the same staff and she knows exactly what needs doing. I am very, very pleased with who I've got." Another said, "I do have a regular staff member who is lovely. They are always on time."

Systems were in place to promote people's safety. Detailed assessments identified risks to safety and wellbeing. Care plans contained risk assessments which provided guidance for staff about how to work in a safe way. For example, there was detailed information for staff to understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers.

Checks were carried out to ensure the safe recruitment of suitable staff. The registered manager had undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work to ensure they were not prohibited from working with people.

Most people managed their own medicines, but arrangements were in place to support people safely, if they required support with their medicines. When the service was supporting people to take their medicine, it was administered to people as prescribed. One person said, "[The staff] help me with my medication. They are very careful and it is all written in the book. There have been no problems." Staff members confirmed that they had been trained to administer medicines, and that the registered manager carried out regular spot checks to make sure they were competent.

People were protected from the risk of infection. Staff had been given infection control training and were provided with personal protective equipment (PPE). For example, disposable gloves and aprons. Everyone we spoke with said, that staff wore gloves which they would bring with them and dispose of at their home. They also said staff wore a uniform and looked clean and tidy.

The registered manager looked at ways that learning could take place when things had gone wrong. This information was shared at team meetings, so that the service could be improved. One staff member explained, "Someone was getting distressed in the hoist, and another staff member shared how they gave someone a pillow or a teddy to hold whilst they were being moved. We learned this from a team meeting. We now offer this to people because we have found that some people who have dementia, find it reassuring."

It gives them a focus and reduces their anxiety."

Is the service effective?

Our findings

People continued to receive care from staff who had been well trained. The management and staff team were knowledgeable about people's support needs. One person said, "I do think [the staff] know what they are doing. I've heard them mention the training they have been on once or twice." One relative said, "The staff have done so well with [Name]. They are also good at pointing things out. For instance, when [names] feet and legs got a little red, they recommended that I contact the GP as they were worried about cellulitis and I did. They were prescribed some antibiotics which have helped. They don't just ignore or leave things."

The provider had a focus on developing staff and they actively encouraged learning. Staff records showed that people had been supported to develop their skills and had been given a wide range of training at various levels. The registered manager explained, "Our biggest recruitment problem at the moment is losing the younger staff to the NHS. They keep leaving to train to become nurses. It is great for them, and we encourage development at every step of the way."

A robust induction programme was in place, which staff received during the first week of employment. Staff were required to successfully undertake the Care Certificate, which is an agreed set of standards that sets out the skills, knowledge and behaviours expected of specific job roles in the health and social care sectors. Staff told us they received a programme of thorough training that enabled them to understand and meet the needs of people who used the service.

Records confirmed and staff told us the registered manager provided regular supervision at various stages throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have. All the staff we spoke with told us that they had opportunities and were encouraged to undertake further training opportunities and were supported by the registered manager.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff had received training about the MCA and were knowledgeable about how it should be applied in practice. The provider continued to meet these requirements. Consent was obtained before care and support was given.

People told us that staff encouraged and supported them to have a nutritionally balanced diet. This was in line with assessed needs, and respected people's rights to make their own decisions. One person said, "They get my toast, they know how I like it, and tea and orange juice for my breakfast. They always bring my paper in from the front door." Another person said, "They get my lunch for me and get whatever I want."

Staff had received training in food safety and nutrition. Care plans showed how some people needed to be

supported with meals and drinks. Staff were aware of people's specific dietary requirements. Associated risks had been recorded and provided guidance about to support people to eat safely.

Care plans had detailed information about how to support people to eat and drink safely. For example, detailed guidance from the speech and language team was in place, explaining how the person could be supported to eat and drink in a safe way.

The registered manager and staff ensured access to healthcare services were readily available to people. Records showed that the registered manager and staff worked with a range of healthcare professionals, such as social workers, and GPs. Care plans contained information and provided guidance to staff about people's health needs and professional's involvement. One person explained, "Not long ago my leg was going darker in colour. [Name of staff] phoned Basildon Hospital and the Nurse came to sort it. After having treatment, [Name of staff] said they did not like the look of my legs. They phoned the Doctor and got it sorted again. This also helps me to feel safe."

Is the service caring?

Our findings

The service continued to have a strong visible person-centred culture. Both staff and management were fully committed to ensuring people received the best possible care in a caring way. One person said, "[Name of staff] is really, really lovely. They are so gentle. I have lymphedema in my legs which is so painful and they are very gentle and caring when helping me. [Name] should be praised. When you are in pain that is what you need. Somebody kind and caring."

Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection. People confirmed staff were always very polite and included them when making decisions about how they wanted their care provided. One person told us, "[Name] came out at first to see what I needed and we had a lovely conversation. I felt very included in all the decisions and plans. They really listened."

People continued to be involved in decisions about their care. Care plans explored people's needs in a holistic way. For example, we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored. People were asked if they wished to receive personal care from staff of the same gender. Their wishes were respected.

Staff had an in-depth knowledge of the people they were supporting and could describe in detail things that were important to them. Staff were matched to people with similar characteristics, hobbies, or beliefs. Staff were asked to complete a document which helped the registered manager match staff effectively to people's hobbies and interests. We saw that positive and trusting relationships had formed between people and the staff that supported them.

People's privacy and dignity was respected by the staff working with them. We saw staff respecting people's wishes. For example, before they went into people's houses staff asked if the person wanted them to take their shoes off. One person said, "[Name of staff] is great. They are very respectful. For example, they make sure they cover me when they are helping me to wash."

People told us that staff respected them, their homes and their possessions. One person said, "They [staff] shout as they come in, so not to scare me. They always tidy up after themselves. We chat about all sorts. I love football and we chat about that. We also chat about what was on TV last night. They are very careful to keep me covered as they help me wash."

Confidentiality continued to be well maintained at the service which meant that information held about people's health, support needs and medical histories was kept secure and treated with respect.

Is the service responsive?

Our findings

People continued to receive care that met their individual needs, choices, and preferences. One person told us, "They chat with me. I tell them about my time in the war and when I was evacuated and they are interested. They are quite patient."

Care records held referral information from local authority commissioners, and included a breakdown of people's care and support needs. Assessments covered a wide range of topics, from moving and handling, to people's spiritual and cultural needs. People's care plans described how each person should be supported.

Each person had a care plan in place, with guidance for staff about how the person preferred their care to be delivered. These were fully person centred and provided guidance, so that staff understood how to deliver the care people needed. People's strengths and levels of independence were identified and the support plan was regularly updated with relevant information. One person explained, "I've got a big book here. They write in it and put the date and the time and how long they have been here. They listened when we were doing the care plan. I cannot fault them."

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We found the service was meeting this standard and had considered what additional support people may need to communicate effectively. This had been recorded within their care plan.

People and their relatives had been involved in the planning and review of their care. Staff were involved when updating people's care plans and it was considered a key way of getting to know people. One person said, "[Name] came out at first to see what I needed and we had a lovely conversation. I felt very included in all the decisions and plans. They really listened."

Processes were in place and staff had been trained and understood the specific requirements that may be needed to ensure that people ended their life well. At the time of the inspection, the service was not supporting anyone who was at the end of their life. However, when the service had previously supported people around the end of their life, we could see that staff had worked closely with family members and other professionals.

People's cultural need upon death was carried out. For example, one person's wishes were that they needed washing with specific water shortly after death. The agency had worked closely with the family to carry out their wishes. We noted, a lot of compliments from family members had been received. One person had commented on the end of life care their family member had received. They said, "[Names] greatest feat and mine was for them not to end their life in hospital. Fortunately, with the dedicated support from staff they could still be at home surrounded by family and friends, and all the familiar people they loved. How important this was to them. Thank you to all the kind staff. They will always be remembered with great

affection."

People told us they felt confident to raise any concerns if they had any issues, although they had not had any reason to do so. No complaints about the service had been received. We noted, numerous compliments had been given.

People told us that they received information on how to raise concerns or make a complaint when they started using the service. They said they felt sure that the management would listen to them and take action. One person said, "I am happy with everything. I would say if there was any problem. I am very honest and I know they would take any complaint seriously. I can't praise them enough." Another person said, "The office phones us to check that all is okay. They would take any complaint and deal with it but I have nothing at all to complain about. All the information about how to complain is in the folder along with all the phone numbers and other information."

Is the service well-led?

Our findings

The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. Mayfair Care Services Ltd had a strong emphasis on having a 'whole team approach'. The culture in the service had continued to develop and grow. The vision and the value of the service was 'Respecting people and their right to privacy. Providing care in a person centred and flexible way.'

People continued to speak positively about the management and leadership of the service. People knew the registered manager and spoke positively about them. People told us they were confident in the way the agency was managed. One person said, "This service is fantastic. It is run on well-oiled wheels." Another person said, "They are very, very good. I would well recommend them. [Name of registered manager] is in charge and they are very caring." Another person said, "[Name of registered manager] is the manager and seems to be excellent, efficient and well organised."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff consistently described the registered manager, as being friendly, caring, and approachable. One staff member said, "It's all about attention to detail, and the [name of registered manager] is good at that. It's a personal service and they care about their staff as well as the people who receive a service."

The registered manager continued to carry out a range of audits, which looked at key areas and checked the quality of the service. There was a defined governance and management structure in place, which provided clear lines of responsibility and authority for decision making about the management, and direction of the service. Staff had defined roles and were aware of the importance of their role within the team.

The registered manager worked with relevant stakeholders to look at ways they improve the service people received. One staff member explained, "The commode broke, and the registered manager got on to it straight away and got it sorted out. They are on the ball."

Whilst no concerns or safety issues had been raised about the service, the registered manager was very clear about the importance of using examples to improve the service. For instance, feedback from staff indicated that when they were on annual leave, people were saying that they did not know the covering staff well enough. The registered manager explained that in response to this, they introduced a procedure, so that the replacement staff member, shadowed the regular staff member, prior to them going on annual leave, to ensure continuity for the client. Staff told us they had regular team meetings, which focused on ways in which they could improve the service to people. Meetings were used to share best practice.

The registered manager worked in partnership with other organisations and had taken part in good practice

initiatives designed to further develop the service. Several staff and the registered manager, had undertaken training on the sepsis toolkit, and had been trying it out. Sepsis is the name of the condition given to people who are showing symptoms of acute infection. The Sepsis toolkit provides a collection of tools, based on current guidance to support the identifying and right management of patients with sepsis. This had been used on one occasion and the person had been quickly admitted to hospital for prompt treatment of this condition.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. People had opportunity to express their views and be listened to in the annual management and monitoring review. We saw that this included people's views on all aspects of the service and was analysed to look for any areas that needed improvement.

The most recent survey which had been completed three months prior to the inspection, had positive responses. Typical comments were, "The staff are chatty and friendly." And, "The staff are always very kind and careful about moving me." And, "[Name of person] has a very good relationship with staff. They are reliable." And, "[Name] is in charge and they are very caring. One was so good, they have left to train as a Nurse." And, "The staff are caring and considerate, and always ready to assist."