

Mayfair Care Services Ltd

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Inspection report

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22 April 2016
25 April 2016
26 April 2016

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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 22 and 25 April 2016. We also completed telephone interviews with people using the service, a relative and staff on 26 April 2016.

Mayfair Care Services is registered to provide personal care to people who live in their own home. There were 59 people receiving a service at the time of our inspection.

A registered manager was in post. 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. The registered manager was on leave at the time of our inspection and we were assisted by the service manager.

People and their relatives felt confident that people were safe and secure when receiving care in their own homes. Staff knew how to identify potential abuse and report concerns. People were supported to take their medicines safely. Potential risks to people's health and well-being were identified, reviewed and managed effectively to support people to have as much independence as possible while keeping them safe. While some additional records needed to be included, staff recruitment processes were thorough to ensure staff employed at the service were suitable and able to work with vulnerable people. There were sufficient numbers of suitable staff available to meet people's individual needs.

People received their care and support from a staff team that had a full understanding of people's care needs and the skills and knowledge to meet them. The service manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff obtained people's consent before providing any support and respected people's right to make their own decisions. People were supported to maintain good health and they were supported to access health care professionals when necessary. They were provided with appropriate levels of support to help them choose a diet that met their individual needs and preferences.

People's dignity and privacy was respected and people found the staff to be reliable, friendly and caring. Staff developed positive and caring relationships with the people they supported.

People and their relatives where appropriate, were fully involved in the planning, delivery and reviews of the support provided. Care records included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People confirmed they received the care they required.

People knew the registered manager and service manager and found them to be approachable and available. Systems were in place to monitor and assess the quality of the service people received. People had the opportunity to say how they felt about the service provided.

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.

People felt safe using the service and potential risks to people's health and well-being were identified and managed safely. Robust recruitment practices were followed to ensure people's safety.

People's individual risks were known to staff, who also had a good understanding of how to prevent abuse. People were supported with their medicines in a safe way by trained staff. Sufficient numbers of staff were available to meet people's individual needs in a consistent and timely way.

Is the service effective?

Good ●

The service was effective.

Staff received effective support and training to enable them to carry out their roles and responsibilities.

People were asked for their consent before care was given.

Staff supported people to meet their nutritional needs. People were supported to access healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives where appropriate were involved in the planning and review of the care and support provided.

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs. People's privacy and dignity was respected as was their personal information.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that met their needs and took account of their preferences and personal circumstances.

People's care was planned and kept under regular review to help ensure their needs were consistently met.

People were confident to raise concerns and knew how to complain if the need arose.

Is the service well-led?

The service was well led.

People had confidence in staff and the management team. The atmosphere at the service was open, respectful and inclusive.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

Opportunities were available for people to give feedback, express their views and be listened to.

Good ●

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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 on 22 and 25 April 2016 and was unannounced. The provider was given 24 hours' notice of our inspection to ensure we could gain access to the information we needed. We visited the office on 22 April 2016 and visited people in their own homes by arrangement on 25 April 2016. We also spoke with people using the service, relatives and staff by telephone on 26 April 2016.

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 important 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.

During the inspection process, we spoke with eight people who received a service, two people's relatives and a health care professional. We also spoke with the service manager and six staff working in the service.

We looked at four people's care records. We looked at records relating to four 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

People confirmed they felt safe when supported by staff in their own home. One person said, "I never feel worried with the staff so I do feel safe." Another person said, "I do feel safe with them, it helps a lot to always have familiar staff."

The provider had clear systems, policies and procedures in place to safeguard people. Staff had attended training and were knowledgeable about identifying abuse and how to report it to safeguard people. The service manager was aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. Staff expressed confidence that the service manager and the registered manager would take the necessary action to deal with any safeguarding concerns that were raised with them. One staff member told us, "I just would not stand for it and I would report it. I would complete the body maps and report it to the office. We would fill in the form and send it to social services or the police to investigate it as many people cannot speak up for themselves."

Assessments were undertaken to identify any risks to people who received a service and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to reduce risks as much as possible, such as supporting to eat and drink safely or to move safely around their home and reduce potential falls. One person told us, "They came out and checked and found I needed more handles to help me so we got them put in." Staff were aware of people's individual risks and how to help people in a safe way. Contingency plans were in place to ensure the continued operations of the service for people in the event of emergency such as bad weather or power failures.

Recruitment processes were in place for the safe employment of staff. While a record was available to confirm that the documents had been seen by the provider, evidence of staff identity was not available. The service manager confirmed they would arrange for staff to bring the documents back in to the service to be copied and placed on file and we were reassured this would be completed promptly. Staff told us that they were not permitted to start working in the service before appropriate references had been received and all other checks were complete, including the provision of evidence of their identity. Relevant checks were carried out as to the suitability of applicants in line with legal requirements. These checks included taking up references and ensuring that the member of staff was not prohibited from working with people who required care and support.

While many people managed their own medicines, there were arrangements in place to support people safely with taking their medicines where this was needed. Staff members told us they had received training on how to administer medicines safely and that they had clear procedures to follow. Managers carried out spot checks and observed staff administering medicines to ensure their competency in practice. People told us that staff provided them with the level of support agreed in their care plan regarding management of their medicines. One person said, "They do help me with my medicine. They insist on watching me take it and then record it." The service manager agreed that including the amount of medicines received on the medicine administration records (MAR) would support better auditing and confirmed this would be

implemented. Codes were used on the MAR to note where people had not taken their medicines. The service manager confirmed that the recorded explanation for these, for example the person had cancelled their call on a particular day and so could not be supported with their medicine, was checked by a manager when the MAR were audited after being returned to the office on a monthly basis.

People told us they were supported by consistent staff who arrived at the agreed time and who were flexible when needed. One person said, "The staff are very reliable, they never let us down and come regularly and on time. We have never had a missed call. We have the same group of staff. We do very well with that". Another person said, "I nearly always have the same staff, except when they are on holiday. They are always here within a quarter of an hour of their time and that would be because of traffic delays. They would call me if there was a delay." This was confirmed by staff and the service manager. Another person told us, "There is no problem with cancelling calls or with flexibility if we need to change the time for any reason."

Is the service effective?

Our findings

People received care from staff who had been trained and well supported to meet their needs in a safe and effective way. Staff and records confirmed the information in the Provider Information Return (PIR) in relation to staff induction and training. New staff members were required to complete a structured induction programme during which they received training relevant to their role. They shadowed more experienced colleagues and were not permitted to work unsupervised until they had been agreed as competent in the work place. One staff member said, "I really feel that I was given the tools to do the job well."

People told us that staff were capable and while they usually had the same staff to support them, those staff were accompanied at times by new staff who were shadowing. One person said, "The staff are very, very good. Though we have regular ones, there have been some new ones who came with them." Another person said, "The staff work hard and I cannot fault them. The new ones come with the experienced carers to learn the ropes."

Staff received training in areas such as safeguarding, medicines, health and safety, infection control, moving and handling, equality and diversity, food hygiene and epilepsy. They were also encouraged and supported to obtain nationally recognised adult social care vocational qualifications. We found that the management and staff team were knowledgeable about people's individual support needs. Staff told us they had regular supervision of their practice and opportunity to discuss this with their manager. Records confirmed this and that staff had an annual appraisal. The service manager had revised the supervision forms to allow staff discussions to be recorded and to identify any training staff requested.

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.

People told us that staff asked people for their consent and agreement before care and support was provided. People who received a service and, where necessary and appropriate, some family members and social care professionals, decided what care and support arrangements suited them best and met their individual needs. Records showed that people or their relative had signed to confirm their consent to receiving care and support from staff or for the sharing of information with relevant people if required.

People told us that staff encouraged and supported people to have a nutritionally balanced diet in line with the person's assessed needs while respecting people's right to make their own decisions. Staff had received training in food handling and nutrition. Care plans showed where people were to be supported with meals and drinks and what that support entailed. Staff were aware of people's specific dietary requirements and

any associated risks and were able to tell us how they supported this to ensure the person had a diet that met their needs. Care records showed shared communication with, for example, the speech and language team, to ensure the person was able to eat and drink safely and well so that their nutritional needs could be met.

People were supported to manage their health and wellbeing. Staff were aware of what to do in the event of a person showing signs of being unwell and had, for example, supported people to call their GP when it had been needed and reported this to their manager. One person said, "The staff seem very well trained to me and noted the rash on my (skin) and advised me to call the GP and they were right. Now they help me with putting the cream on and they keep an eye on how it is." Records confirmed information received from the manager and staff that the service liaised with other professionals such as district nurses should they have concern regarding a person's risk of pressure ulcers, to support people's well-being. A health professional told us that staff monitored people's condition, regularly requested health professional input and arranged for instructions to be carried out well where needed, describing the staff actions as "seamless".

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said the staff who supported them were very nice to them. Another person said, "The staff are absolutely marvellous, they are very, very caring. They are very hard working yet are always cheery. We have a chat and they always sit with you and make sure you are alright." A relative said, "Staff think the world of [person] and that makes me very happy." A comment added by a person to a recent quality review read, 'My main carer works 100% to meet my needs. I love her; she makes me feel so special'.

People were involved in decisions about their care, lifestyle and about the support they were provided with. When they enquired about using the service, a manager met with them and discussed what they wanted from the service. The service manager and staff told us that the times of calls and the type of care provided was provided in the way that people had asked for. People confirmed this was indeed the case. One person said, "[The manager] visited me and I explained what I needed. I was quite impressed by [the manager] and booked with them. They do what I need but still always ask if there is anything else they could do for me." Another person told us, "They came out and asked lots of questions about what we needed and we agreed how it would be done."

People told us that staff treated them with dignity ensuring, for example, that the person was covered while personal care was being provided. One person said, "They help me with my bath and always treat me with consideration in that way." People's independence was promoted and supported. People told us that staff helped them where they needed it "but did not take over" and allowed people to continue to manage aspects of their personal care and daily lives that they were able to. Staff confirmed the importance of maintaining people's skills and independence and supporting them to complete tasks they needed assistance with only after asking the person if they wished staff to do so.

People told us that staff respected them, their homes and their possessions ensuring, for example, to always knock at doors and to call out to people to let them know they were now in the person's home. One person said, "Staff have good manners, they always call out to tell me they are here. They are very careful of my clothes. They turn my bed down for me. It is like being in a lovely hotel, it feels lovely." Staff addressed people in a respectful way and used the form of address that people had requested.

People were supported by staff who knew them and their care needs. One staff member explained that although a person could not communicate verbally, they could express their feeling in other ways. The staff member told us that as they were a regular carer for the person they had learnt to read these communications such as the person's use of facial expression and how they could indicate a choice, such as by pushing something away. All of the people we spoke with told us that staff knew what support they needed although they always took time to ask if there was anything else the person would like them to do. People told us they had developed good relationships with staff and felt comfortable with them. One person said, "I would be lost without them. They are all so good, we have a laugh and they are ever so nice."

Confidentiality was 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 received care that met their individual needs, choices and preferences. One person told us, "Staff know what to do and they do it well". Another person said, "They always do exactly as I need and always ask if they can do anything else for me." Each person had a care plan in place showing the support they required and these were reviewed so that staff had clear guidance on how best to meet people's current needs. Care plans were available in people's homes and showed recent review. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence.

Staff were aware of people's preferences and changing needs and responded to this in an individual way. One person told us that staff accessed their premises in a particular way that met their wishes. A relative told us that the person's care plan and risk assessment had been updated to meet the person's changing needs as new equipment had just been put in place to support this. Another relative told us how the service had updated the care provided and the care records for a person when their needs had changed following a stay in hospital.

People were supported by staff who understood their needs. Where people had specific or complex needs staff had been provided with additional training to support this. A relative told us that the service made sure that the person always had familiar staff to support them including when new staff were introduced. Should the relative not feel comfortable about the new staff member's approach to caring for the person, the relative told us that the service manager would respond to this in a positive way and try with another member of staff to ensure a compatible approach.

People told us that they felt confident to raise any concerns if they had any issues, although they had not had any reason to do so. People told us that they received information on how to raise concerns or make a complaint when they started using the service and felt sure that they would be listened to and action would be taken. Staff were aware of how to respond to any concerns or complaints people might raise with them in line with the provider's complaints procedure. Staff told us that they would help people to complete the complaints form that was in place in every person's care folder in their home. Staff confirmed they would take it to the office or they would telephone the office for people to pass on the concern on the person's behalf for a manager to deal with.

People had access to a clear complaints procedure. It gave timescales for responses and actions so that people knew what they could expect to happen and when. It told people how to take their complaint further should they not be satisfied with the provider's response. We looked at the provider's record of complaints received. We saw that the one complaint received had been responded to in a timely way and appropriate action taken to provide additional staff training. The service manager showed us a number of cards and letters of thanks and compliment that had been received by the service.

Is the service well-led?

Our findings

People were positive about the management and leadership of the service. People knew the registered manager and service manager by name and told us they had confidence in the management team and in the way the agency was managed. One person said, "This is a well-run run service. It takes a lot to sort out all the calls for everyone and to do it so well." A relative said, "I think the service is first class, it is well organised and managed."

The Provider Information Return (PIR) told us that management staff had achieved or were attending suitable qualifications and training to enable them to lead the service to a high standard. While a registered manager was in post they were on leave at the time of our inspection. The service manager demonstrated they had kept their knowledge up to date, for example they were aware of changes to regulations and changes to current guidance such as in relation to protecting people's rights. There were clear policies and procedures in place to guide staff on the expectations and responsibilities of their roles. These had been updated as confirmed in the PIR.

There was an open and supportive culture in the service. Staff told us that the management team were approachable and supportive. Staff were provided with opportunities to express their views on the service through staff meetings and supervision meetings. Staff were clear on their roles and responsibilities as well as on the aims of the service. This information had been provided to staff in the staff handbook. People had also been provided with information on the aims of the service and its expectations of its staff. One person told us that they felt the staff met the company's aims especially around providing good care, privacy and choice.

The managers carried out checks and audits in a range of key areas in order to monitor the quality of services provided and reduce any risks that had been identified. This included in areas such as health and safety, care and medicines records and staffing records. Electronic systems were in place that provided reminders to the management team if staff supervisions were due and when staff training needed to be arranged to support good planning. Staff and people using the service confirmed that the manager's completed spot checks of staff practice and also used this time to gain people's views on the service they received. Spot checks included checks on a range of aspects including the time staff arrived, how they addressed people and their knowledge of the person's needs.

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 by a director of the company so they could pick up on any areas that needed improvement. While a summary was not available, all the responses we saw on these and the quarterly review surveys were positive. Analysis of the quarterly reviews for January 2016 showed that all the responses were positive and that people rated the service they received as good, very good or excellent. One person added the comment, 'Practically speaking, there is little that could be improved. The carers seem very reliable, caring and conscientious. Thank you for the work you do'.