

Mayfield Homecare Services Limited

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Inspection report

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21 February 2019

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Ratings

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

Summary of findings

Overall summary

About the service:

Mayfield Homecare Services Limited is a domiciliary agency providing care and support for people in their own homes.

People's experience of using this service:

People and their relatives told us they felt safe and staff were kind and caring. There were sufficient numbers of staff deployed to meet people's needs in a flexible, timely way and to ensure their safety. Staff understood their responsibilities to safeguard people from abuse. Risk assessments were carried out to allow people to retain their independence and receive care with minimum risk to themselves or others.

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. People's needs were assessed prior to them using the service. All staff received ongoing training and support and arrangements were in place for new staff to receive induction training.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People told us they were always treated with kindness, care and respect and without discrimination. Staff had developed good relationships with people and had spent time getting to know them and their specific needs and wishes.

People were involved in discussions and decisions about the care and support they needed and could influence the delivery of their care. Staff had up to date information about people's needs and there were effective systems in place to respond when their needs changed. People were supported to have maximum choice and control of their lives and their healthcare needs were monitored as appropriate. People were supported with their dietary needs in accordance with their care plan.

People were aware of the complaints procedure and processes and were confident they would be listened to should they raise any concerns. Systems were in place to monitor the quality of the service, although some improvements were needed in this area. People's feedback was sought in relation to the standard of care and support. People and relatives told us that they were very satisfied with the service provided and with the way it was managed.

The service met the characteristics for a rating of "good" in all key questions. More information is in the full report.

Rating at last inspection:

At the last inspection of July 2016, the service was rated Good.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe and high-quality care. Further inspections will be planned for future dates.

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.

Mayfield Homecare Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an adult social care inspector.

Service and service type:

Mayfield Homecare Services Limited is a domiciliary care agency. Not everyone using the service receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There were 99 people using the service at the time of the inspection.

The service had two managers 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 visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 20 February 2019 and ended on 21 February 2019. We visited the office location on 20 February 2019 to see the manager and office staff; and to review care records and policies

and procedures. On 21 February 2019 we contacted people using the service, family carers and staff for feedback about the service.

What we did:

Before the inspection, the registered manager 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. This information helps support our inspections. We also reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

During the inspection, we spoke with six people using the service, two relatives, six members of staff and both registered managers. We looked at the care records of four people who used the service and examined records in relation to the management of the service such as five staff files, quality assurance checks, staff training and supervision records, safeguarding information and accident and incident information.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and protected from discrimination.
- Staff understood safeguarding and protection matters and were aware of the whistleblowing policy.
- People told us they felt safe and were happy with the care and support they received; relatives spoken with had no concerns about the safety of their family members. One person said, "I feel safe and I am looked after properly. If I am unsure I can ring the agency" and "The carers make me feel safe. I trust them."
- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing were assessed and managed.
- People's living arrangements were risk assessed and included information about safety issues for staff to be aware of.
- People's equipment such as hoists and mobility aids were recorded, although due servicing dates were not recorded. The registered manager addressed this following the inspection.
- Records were kept of any accidents or incidents that had occurred at the service; these were monitored.
- We discussed with the registered manager, how the records could be improved to clearly reflect the action taken to reduce or prevent the risks of further accidents or incidents.
- Staff knew how to inform the office of any accidents or incidents. Staff told us any changes or were reported to the office and a review of the person's care documentation would be undertaken.
- Information about any lessons learnt was shared with staff to minimise the risk of reoccurrence.
- Regular checks were undertaken to ensure the office was safe. However, we noted the fire service was overdue. The registered manager arranged for this to be done immediately following the inspection. The fire risk assessment was currently being reviewed.

Staffing and recruitment

- The recruitment policies and procedures were not reflective of current regulatory requirements. The registered manager gave assurances this would be updated.
- Recruitment processes were in place and checks such as criminal records and identity checks had taken place. It was not clear from the records, whether all checks were in place prior to staff commencing working with people. The registered manager assured us staff did not visit people's homes until all checks were in place; staff confirmed this. We discussed with the registered manager, how the records could be made clearer to reflect this.

- People told us there were sufficient staff to safely meet their needs and they received support from familiar, reliable and consistent staff who arrived on time and stayed the correct length of time.
- People were happy with the staff who supported them. One person said, "Nothing is too much trouble for them."
- Staff confirmed there were sufficient staff to meet people's needs and they had adequate time to travel between visits without rushing.

Using medicines safely

- People were happy with the support they received with their medicines. The level of assistance each person needed was recorded in their care plan.
- Staff who were responsible for the safe management of people's medicines had completed appropriate training and checks on their practice had been undertaken. Policies and procedures were available for them to refer to.

Preventing and controlling infection

- There were systems in place to ensure people were protected against the risk of infections.
- Staff were provided with personal protective equipment, including gloves and aprons, which they collected from the agency office.
- Staff had access to an infection prevention and control policy and procedure and had completed relevant training.

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

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 care needs were assessed before receiving a service from the agency, to ensure that effective care could be planned and delivered.
- We discussed how monitoring additional risks associated with people's health such as skin integrity, nutrition, falls and moving and handling would assist staff to recognise and respond to any changes.
- People's needs were detailed in their care plans, known by the staff who supported them and met in practice. We discussed with the registered manager, how the recording of information about people's culture and gender preferences would help to improve staff awareness of the person's needs.

Staff support: induction, training, skills and experience

- People felt staff were competent and knowledgeable.
- Training records confirmed staff were provided with a range of appropriate training to ensure they could undertake their role and fulfil their responsibilities.
- The registered manager monitored the staff training by means of a matrix and ensured all staff completed their training in a timely manner.
- Staff spoken with told us they were provided with regular support and supervision and they were well supported by the registered manager and the senior staff. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role.
- All new staff had taken part in a structured induction programme, which included the care certificate. The care certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

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

- People were supported at mealtimes in line with their plan of care.
- People told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard.
- One person said, "They offer me a choice and it is always served just how I like it."

Staff working with other agencies to provide consistent, effective, timely care

- Records showed staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.

Supporting people to live healthier lives, access healthcare services and support

- People's care records included information about their medical history and any needs or risks related to their health. They also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.
- People told us the service liaised with other healthcare professionals to ensure their health needs were met. One person said, "They made sure I was seen by a doctor when I wasn't feeling well. They are on the ball."

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. Any application to do so must be made to the Court of Protection.
- Although people in their own homes were not usually subject to the Deprivation of Liberty Safeguards (DoLS), we noted that staff received training in the MCA and DoLS to ensure they were aware of the principles of this legislation.
- Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach.
- People's capacity was considered as part of the assessment process to identify if they required support to make decisions about their care. However, we discussed how this could be made clearer in the care plans.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Without exception, people told us the staff always treated them with respect and kindness and they were complimentary of the support they received.
- People said, "They treat me with care and respect, but are friendly at the same time", "I could not be happier; they are champion and they care about me. I can have a laugh and a joke with them; it makes my day" and, "They are very caring and kind; they look after me just like I was one of their own family."
- People and relatives described staff as, caring, polite, friendly and competent.
- We saw several messages of appreciation from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met.
- Staff had access to a set of equality and diversity policies and procedures and had received training in this area. Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them.

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

- People, and where appropriate, their relatives told us they were consulted about the care they needed and how they wished to receive it. People were involved in developing their care plans and told us their views were listened to and respected.
- People were given a service user guide and their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency and what people could expect from the service.
- People were given information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and staff were respectful of their homes and their belongings.
- Staff ensured people's rights were upheld and that they were not discriminated against in any way.
- Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence. One person said, "They have turned my world around; they have given me encouragement and helped me to manage again."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were up to date and reflected people's needs.
- Care plans had been reviewed on a regular basis and more frequently if there had been a change in need or circumstance. The registered manager was aware that a small number of care plans were overdue a review.
- People were aware of their care plan and confirmed they had discussed their care with a member of staff from the agency.
- Staff confirmed the care plans were sufficiently detailed to provide people with the care they needed and wanted. Staff knew people's likes, dislikes and preferences. One person said, "They know me very well, but they still ask me what I want doing."
- One staff said, "They look at what is really needed and what people actually want when planning care and support. It is a very personalised service."
- Technology was used to enhance the delivery of effective care and support. We noted staff communicated with the office staff and each other using mobile phones and texting. The offices were fully equipped to ensure the smooth running of the agency.
- The service understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Records could be made available in other more suitable formats such as, easy read, braille and other languages.

Improving care quality in response to complaints or concerns

- There were arrangements in place for investigating and resolving complaints.
- The complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. However, the contact information for other organisations needed updating.
- The registered manager told us she had received no complaints about the service.
- People told us they had no complaints or concerns about the service they received.

End of life care and support

- The service had an End of Life policy and procedure in place, but they were not currently supporting any one at the end of their life.
- The registered managers and staff told us they had experience of caring for people at the end of their life and had worked alongside other professionals to provide people with dignified care. Where appropriate, people's choices and wishes for end of life care would be recorded and communicated to staff.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered managers demonstrated strong leadership and day-to-day oversight of the service. People, relatives and staff made positive comments about the leadership and management of the agency.
- A member of staff described the management team as, "Lovely people." Other staff said, "Without a doubt, the managers really care. They go above and beyond and expect this from the staff team", "The service is very well managed" and, "They are brilliant; I would recommend them to anyone."
- Planned improvements for the service had been set out in the Provider Information Return.
- Compliments received by the service highlighted the quality of the care provided to people. We saw numerous cards during the inspection thanking the registered managers and staff for the care and support provided for their family members.
- Without exception, everyone we spoke with was complimentary about the service and said they would recommend the service to others.
- We noted the service's CQC rating and a copy of the previous inspection report was on display in the agency office and on the website. This was to inform people of the outcome of the last inspection.
- The service understood their duty of candour and to notify us of any significant incidents or events that affect the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were aware of their roles and responsibilities. They were provided with job descriptions, contracts of employment and, policies and procedures.
- The quality of the service was monitored by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction questionnaire.
- Regular checks and audits were carried out to monitor the quality of the service. These included checks on records and files. We discussed with the registered manager, how the systems could be improved.
- Regular unannounced observations were undertaken to review the quality of the service provided, to ensure staff practice was in line with people's wishes and care records. Appropriate action was taken when shortfalls were found.

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

characteristics; Working in partnership with others

- The registered managers and staff had a clear vision and were committed to delivering person centred care that respected people's diversity, personal and cultural needs.
- Staff felt valued and worked well together as a team. They told us they enjoyed working in the agency and found the management team to be approachable and always available for advice or support.
- Staff meetings had not been well attended. However, staff told us they were kept up to date by means of newsletters, phone calls and text messages and when they visited the office each week.
- The service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people.