

Mayfield Homecare Services Limited

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## Inspection report

84 Sankey Street  
Warrington  
Cheshire  
WA1 1SG

Tel: 01925245090  
Website: [www.mayfieldhomecare.com](http://www.mayfieldhomecare.com)

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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

The inspection took place on 21, 22, 23 June 2016 and was announced. This was to make sure that the registered managers, staff and people who used the service would be available to speak with us as part of our inspection. When we last inspected the service in October 2013 the service was found to have met the essential standards we looked at.

Mayfield Homecare Services Limited is registered to carry out the regulated activity of personal care. The agency's office is located in the centre of Warrington. The service provides personal care to people living in their own homes in Warrington and the surrounding area. The service currently provides personal care to 98 people.

There were two registered managers in place who shared the overall management role. 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.

People told us that they felt happy, safe and well cared for by the service. They told us they trusted the staff, who were kind and reliable. Staff told us and records showed that staff received training in how to safeguard people from abuse and report any concerns they may have.

Staff were aware of the procedures to follow to ensure that medicines were managed safely. Risks to people and the environment were regularly assessed in order to protect people from avoidable harm.

We found that there were robust recruitment checks to ensure people were suitable to work in the health and social care environment and records showed that the staff turnover was low. This assisted the service to provide consistency and continuity of care.

The service ensured that there were enough staff available to cover for emergencies, absences or other leave in order to ensure that there were no missed calls.

Staff demonstrated an understanding of how they would obtain consent to care. They had an awareness of how the Mental Capacity Act 2005 and Deprivation of Liberty Standards applied in practice.

The registered managers and staff had developed caring relationships with the people they supported and clearly knew them and their needs and choices very well. People who used the service and their family, where appropriate, were involved in the planning and reviews of the care and support provided. The confidentiality of information held about people's medical and personal histories was maintained.

Support was provided in a way that promoted people's dignity and respected their privacy. People received

care that met their needs and took account of their preferences.

People felt that the registered managers and staff listened to them and responded to any concerns in a positive way. People knew how to complain should the need arise.

All the comments received about the service were most positive and complimentary about the way the service was operated and the reliability and professionalism of the staff.

## 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 were protected from harm. Risks to the health, safety or wellbeing of people who used the service were fully understood and addressed in their care plans, or with other organisations, where appropriate.

There were enough staff to meet people's needs. There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

Accidents and incidents were recorded and actions taken to address any patterns or trends and explore how staff could enable people to reduce their recurrence.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with effective induction and training and support to ensure they had the necessary skills and knowledge to meet people's needs.

People's consent was sought before care was provided. Staff were aware of the details of the Mental Capacity Act 2005 and of how to provide services in people's best interests.

### Is the service caring?

Good ●

The service was caring.

People spoke highly of their care staff. They told us they valued the relationship they had with the care staff and expressed great satisfaction with the care they received.

Care staff communicated well with people. People were pleased with the consistency of their care workers and felt that care was provided in a way they wanted it to be.

People felt involved in decision making about their care. People felt care staff treated them with kindness and respected their

wishes.

### **Is the service responsive?**

The service was responsive.

Changes in people's needs were quickly recognised and appropriate action taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Any changes requested were made quickly without any difficulty.

**Good** ●

### **Is the service well-led?**

The service was well led.

There was an open and honest culture within the service.

Staff worked as a team and the provider had clear values which they passed on to staff. Staff were encouraged to challenge and question practice and supported to change things that were not working well.

**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 was 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.

The inspection was carried out on 21, 22 and 23 June 2016 and was announced 48 hours before it took place because the location provides a domiciliary care service. We needed to ensure that staff would be available at the main office and that people who used the service would be willing for us to visit them in their homes. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. We also checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they held about Mayfield Home Care and to gain their perception of the quality of care provided.

During the inspection, we used a number of different methods to help us understand the experiences of people using the service. We visited four people in their own homes with their consent. We spoke by telephone with 32 people who used the service or their representative and carried out four observational visits to ensure staff were arriving and leaving people's homes as recorded in their care plans. We met with the provider and the two registered managers of the service and spoke with 11 care staff. We looked at a total of eight care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; health and safety checks; minutes of meetings and medication records.

After the inspection we spoke with four health and social care professionals who were associated with people who used the service.

## Is the service safe?

### Our findings

People told us that they were happy with the staff and services provided and that staff made them feel safe. People told us that their care was provided in a consistent, reliable and punctual way which enabled them to feel safe and confident. Comments included "We get the same staff all the time. They understand everything about this house and how things work. They know if something is not working properly and ensure that things are quickly fixed to keep me safe. My fire was not working properly and they noticed it and got someone to fix it right away" and "They make sure I am safe, secure and comfortable. They lock up after themselves and I know I can sleep peacefully knowing they have sorted everything".

Safe and effective recruitment practices were followed to make sure that the staff employed by the service were of good character and suitable for the roles they performed. We looked at staff files to see if the registered provider took steps to make sure that people working for the agency were suitable. We saw that the provider used an application form to obtain an employment history and took up references from previous employers or other appropriate sources. Staff files each had a photograph of the employee as well as proof of identity. We saw relevant checks had been made before staff were appointed to include Disclosure and Barring Service checks. These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw that staff turnover was very low which assisted the service to provide consistency and continuity of staff.

The provider ensured wherever possible that people were protected from avoidable harm or abuse. Staff underwent training to ensure they understood their responsibility to prevent harm and discrimination during induction and supervision. Staff told us they had attended safeguarding training and were able to recognise potential signs of abuse. We saw evidence that staff were up to date with safeguarding and equality and diversity training. Staff had a good understanding of their duty to report and notify in accordance with safeguarding policy and procedures.

The registered managers told us that the service had an excellent record of consistency of calls and that staff were rarely late. People we spoke with told us that the staff were reliable, generally on time and were always helpful and kind. One person said "They (staff) are very good with their timekeeping. If they are going to be a bit late due to traffic or something, the office will ring me to let me know". A relative of a person who used the service said "The staff who come here are wonderful. They are always on time and stay as long as they need to get things done. One day (name) was stuck on the stair lift at the top of the stairs and the staff rang their office and arranged for one staff member to stay here until the stair lift was sorted. That's what's good about them; they have extra staff available to help out in emergencies". A health and social care professional commented "I am aware that the service is very reliable, as far as I know staff are always on time and stay for the allocated time, sometimes for longer if they need to".

Staff were aware of the procedures to follow in an emergency in order to get help for people and had signed to say they had read and understood the "No Reply Policy" which identified what action staff should take in an emergency. They also told us that the office would provide cover for the rest of the visit if people were ill or injured and needed an ambulance. They said that this enabled staff to stay with the person until an



ambulance arrived and next of kin was notified.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed on a regular basis to take account of people's changing needs and circumstances. This included areas such as behaviour, nutrition, mobility and falls, the environment, medicines, skin integrity and physical health. We saw that safety checks were completed on wheelchairs, hoist slings, pressure relieving mattresses and hoists to ensure they were working properly before use in order to ensure safe care was delivered

Where appropriate and necessary people were prompted to take their medicines by staff who were trained to do so and had their competencies regularly checked and assessed. One person told us that they generally took their own medicines but staff checked this had taken place each time they visited. We looked at the medicines administration record (MAR sheet) for this person and noted that the dates on the MAR sheet had not been accurately recorded. We spoke with the registered manager who told us that the MAR sheets were generally completed by computer, however because of a change in medicines for this person, staff had hand written the sheet. The registered manager visited the person right away and immediately provided a computerised dated MAR sheet. We looked at a random sample of other completed MAR sheets and saw they were all dated and completed correctly. However the registered manager was concerned about the error we had noted and provided updated medication refresher training for all the staff who had responsibility for medicines prompts or administration. This was completed prior to the end of the inspection. We saw that the registered manager completed a monthly audit of all MAR sheets. However she advised that this would now be amended to a weekly check to ensure all medicines were managed in accordance with the service's medicines policy and procedures.

## Is the service effective?

### Our findings

People told us that they received care from experienced staff. Comments included: "They (staff) are the nicest people who have a lot of experience in how to look after people properly", "They (staff) are reliable, kind and friendly and understand my needs", "They (staff) all look after me well, they know what they are doing, don't mess around, and always ask me what I want before they do anything. They are a good lot" and "My shower broke and it was difficult for me to get washed. They (staff) rang my landlord and got the shower fixed right away. They also helped me to get my TV fixed. They go above and beyond to help me".

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 a formal assessment of capacity was required we were told that this would be provided by the local authority. Where capacity is felt to be impaired around a particular decision a best interest meeting of people who know the person can determine the best course of action. Discussions with staff identified that they had received training in respect of The Mental Capacity Act and The Deprivation of Liberty Safeguards and had knowledge and understanding of the processes involved.

The service had a comprehensive programme of staff training. Training records showed the training all staff were required to undertake to help them meet the needs of the people they supported. This included safeguarding, Mental Capacity Act, first aid, fire safety and moving and handling. In addition, staff undertook training to meet people's specific support needs, such as epilepsy or diabetic care.

New staff undertook an induction programme after which they were assessed to check that they had the right skills and attitudes for the people they supported. Staff training records showed the new Care Certificate standards were incorporated within the training and induction programme.

We saw records of staff appraisals through which they discussed their own development and individual training needs. Staff also had regular opportunities to meet up together and reflect on their practice and identify ways to improve the service. Each staff member had a personal development plan which was constantly reviewed during one-to-one supervision sessions. Supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. We saw that these had taken place usually four monthly and included discussion of performance issues and training as well as overall staff wellbeing. We saw that both supervision and ongoing training was tailored to the individual staff member and their own developmental needs. For example three staff members told us how they were provided with additional training in understanding dementia.

We saw that staff meetings were held each month with agenda items such as fluid and nutrition,

medication, CQC inspection, staff morale and evaluation of staff training. We noted from minutes of staff meetings that they were poorly attended. The registered manager told us that information from these meetings was cascaded to all staff; however she was trying to arrange future meetings at more flexible times to enable more staff to attend. Staff told us that the open atmosphere in the service enabled staff to work together, share concerns or ideas and enjoy working for Mayfield Home Care.

We saw that there was a care record file in each person's home. We saw that staff entered information about what had occurred at each visit to ensure that information was passed between staff to promote continuity of care. Care records demonstrated that people gave their consent to any treatment before it was provided. Where people lacked capacity there was evidence of family and staff involvement in 'best interest' decisions in partnership with other health and social care professionals.

People were confident that care staff would arrange the appropriate support for them from a health professional such as a doctor if they required this. People told us that staff contacted the doctor if they were unwell. We saw that records contained details of where carers had referred people to a health or social care professional to meet a person's needs. For example requesting a GP or district nurse or contacting a social worker to discuss a person's change of needs.

One care plan viewed held details of how staff had supported a person who used the service to lose weight. They supported the person to attend a slimming club and to follow dietician's advice about menus and food intake, culminating in the person losing almost six stone in weight.

All care plans viewed showed that the level of care and support had been agreed and signed for by the person who used the service or their representative.

## Is the service caring?

### Our findings

People were treated as individuals. People were happy with the carers who visited them and spoke positively about them. People told us that their privacy and dignity were respected. Comments included "They always knock on my door and wait for me to shout to them before they come in"; "They close the curtains before they assist me with anything private, like helping me wash and dress. This shows they respect my dignity", "They are fabulous. I could not be happier, they understand my needs and treat me as an individual and respect me" and "They have changed my life. They are always on time, kind and friendly and they respect me for who I am". Another person said "They are the best, I am very well looked after, and they support me and care for me. I am one hundred percent happy with the service". One relative told us that they had used other care agencies in the past and said "I did not know that this high level of care existed. If I had known I would have changed to them much sooner. They really care for (name) and look after her well".

People were encouraged to manage their own personal care and staff told us they only helped with aspects the person could not manage. They said that this assisted people to retain their dignity and maximise their independence. One person told us that they had improved a lot since the service began because staff had assisted them to gain confidence. They said "The girls have helped me to help myself. I have a great relationship with them; they are all kind and friendly. I have regained my self- respect as I now can do much more for myself".

Staff communicated effectively with people who used the service. Any specific communication needs and people's individual methods of communication were addressed in their care plans. Staff told us that because of the consistency and continuity of care they were able to develop understanding of the people who used the service and quickly recognise and respond to non- verbal communication.

Staff were able to tell us how they supported people such as people living with dementia, people who may be confused and people who had difficulty hearing. Staff spoke about people with affection and could quote several examples of how people's wellbeing had improved since they started to use the service. Staff spoke about people positively and focused on their strengths and the importance of people being able to stay in their own homes for as long as they wished and it was safe to do so. Staff also recognised that support could also impact upon the family and friends of people who used the service. One relative of a person who used the service said "The staff of Mayfield have worked with us as a family to ensure that (name) is well cared for and supported to live a good life. Nothing is too much trouble for them. They come up with innovative ways to enhance (name) life. We do not know how we would have coped without them".

With their permission we visited four people in their homes. We saw that staff knocked on people's doors and waited for permission before entering the premises. We observed staff interacting with people who used the service in a friendly and caring manner. Staff identified in discussion that they knew the care needs of each individual and had clear knowledge of their likes, dislikes and capacity. Staff told us that they had worked with people for quite a long time and were therefore able to get to know them and be consistent with their care.

During the inspection we saw that the staff of Mayfield acted as lay advocates for the people who used the service if they did not have anyone to assist them. We saw that staff assisted people to get assistance with a housing repair or help with household equipment. One person told us that they needed help with a heating matter and staff had quickly made contact with a local tradesman and the heating was fixed.

Staff were aware of the need to remember they were working in people's own homes and were mindful of the use and storage of documentation to ensure people's records were kept safely and their confidentiality maintained. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

## Is the service responsive?

### Our findings

People told us that staff assisted them to enjoy community activities and to maintain their daily routines. Comments included "I like to go out and the girls (staff) help me to get ready and check I am OK before I go", "They (staff) know me very well and how I like things done. They understand my routine and habits. They are so helpful"; "They (staff) are here to help me. They never take over but always support me. They know what I need help with and always make sure I get the assistance I require. They never patronise me" and "The girls (staff) are flexible, helpful, amenable, courteous and always respond to my changing needs"

We found that people who used the service received care and support that met their needs, choices and preferences. Care staff understood the support that people

needed and were allocated sufficient time to provide it. Staff told us that if an emergency arose and a person needed extra care or attention there were always extra staff who could be called upon to respond and provide assistance. For example, they told us that a person had experienced a fall and staff had to wait with them until an ambulance arrived and another person had been stuck on their stair lift. They were able to call on other staff members to assist and ensure that other people who used the service got their visits at the time requested.

Staff said that when people's needs changed, this was quickly identified and prompt appropriate action was taken to ensure people's wellbeing was protected.

Records showed that a care plan was written from the information gathered at the commencement of the service. We looked at six care plans in detail and saw that they had been written to give guidance to staff to enable them to support people in their care. Care plan reviews were in place so staff would know if any

changes were needed. We saw that the plans were written from the point of view of the person concerned and detailed their choices, aspirations and capabilities.

Staff told us that all care plans were written to reflect the views of the people who used the service and were therefore written from their perspective. Staff told us that wherever possible they quickly responded to people's ever changing needs.

Plans were well maintained and up to date and held all need to know information including visits and actions from other professionals who may be involved in people's care.

Although the registered managers and staff were knowledgeable about people's needs and how to meet them in a person centred way, we saw that two individual plans were task orientated. They did not contain sufficient information about people's backgrounds or wishes for the future. The registered managers acknowledged this was an area that required updating and were in the process of including a 'this is me' document in each care file to address this shortfall. This document records details of people's past and their aspirations for the future.

We asked people if they had met recently with someone from the service to review their care needs. People told us that the manager or senior staff visited them on a regular basis to check that the care and support provided was suitable. One person said "Staff came and talked to me and said I needed some more help with my personal care. They sorted it out with my social worker and set up another care plan. I get more help now thanks to them". People and their relatives told us that they were consulted and updated about the care and support provided and were encouraged to have their say. They told us they felt listened to and said that the manager was always quick to respond to any issues raised in a prompt and positive way.

People could make complaints or comments about the service. We saw that there was a service user guide that explained about the service and how and who to complain to if a person was unhappy with the staff or services provided. This included named people within the service as well as the Care Quality Commission (CQC). We noted that five complaints had been registered with Mayfield from people who used the service. We saw that actions had been taken by the service in line with their complaints policy. No complaints had been received by CQC and none of the people we spoke with said that they had any complaints about the service. People told us that the service was fine and if there was an issue it was dealt with straight away. One person said "I know how to complain and to who but I have never needed to do it in all the time I have been looked after by them".

## Is the service well-led?

### Our findings

People told us that the service was well run and provided an effective and efficient service. Comments included "We have the same girls (staff) at the same time each day. They have never let us down and have been coming here for ages. People visit us to see if everything is working well and we tell them we think they are great" and "We have used other agencies before and know the difference between a well - run service and a poor one. This service is excellent. We know who is calling, when they are calling and what they will do. Well organised, well trained staff who are committed to providing good services".

People told us and records viewed showed that the staff turnover was very low. One person said "All the carers have been here for a long time as they like working for Mayfield. The service I get is excellent and the staff are fabulous".

People told us that staff were always pleasant and they seemed very happy working for Mayfield. They said staff never moaned or groaned about the job and appeared to work well as a team.

Staff told us they loved working for Mayfield. Comments included "They give me lots of training and support and value me as a person", "It's a great place to work, they really do want to provide an excellent service and they train us well to enable us to provide just that", "I am proud to work for Mayfield it's the best agency around by far" and "We are supported by our managers to provide a service which is above and beyond people's expectations. We enable people to live meaningful lives and treat them with dignity and respect. Staff are treated well and respected by the managers and we are led by people who really do care about the people we look after".

The registered managers were very clear about their vision for the service, how it operated and the levels of care and support provided. They said that their mission was to provide the very best care and support to every person who used the service. They were very knowledgeable about the people who used the service, their needs and personal circumstances. A health and social care professional with experience of the service and some of the people it supports told us "My experience of Mayfield is that it is well led and well organised. I am always happy when they can offer a service as I have found them to be reliable, effective and willing to be flexible with their timing of calls."

There were clear management structures in place with staff being aware of their roles and responsibilities. The registered managers supported each other and received ongoing support from the registered provider who had a background as a health and social care professional.

On-call management cover was available out of hours and enabled staff and people who used the service to obtain immediate support and advice throughout evenings and weekends.

We saw and were told by staff that the management team had an open door policy where all staff were encouraged to contact them at any time. Staff said there was an open and honest culture where learning and sharing of knowledge was encouraged amongst staff.



Staff told us that daily visits were recorded by care staff and senior staff audited these records monthly. They said this audit checked that they were an accurate reflection of the time of the visit and ensured the care and support recorded was an accurate reflection of what was recorded on the care plan. Staff told us that they checked the daily records when they visited people's homes so they had information about changes or actions taken. They said that if the record had not been updated by the previous staff who had visited they would contact the office to let them know. The registered manager told us that this daily audit ensured that any shortfalls in the recording of information would be quickly dealt with.

People told us their experiences of having regular care reviews. They said that they were asked if they were happy with their care and support and the staff who visited their homes. They told us that they were also asked if they wished any changes to be made to the care package. People said it made them feel valued that they had been asked for their opinions and could give them knowing that changes would be made if they were requested.

The manager had sent questionnaires to the people who used the service to gain their perception of the staff and services provided. We looked at the ones that had been returned and saw that they held positive comments and that people were happy with the timing and quality of services they received.

Information gathered in relation to accidents and incidents that had occurred in people's homes was personally reviewed by the registered managers and used to develop plans to reduce the risks or likelihood of reoccurrence. Staff forged positive and effective working relationships with health and social care professionals to improve and enhance the quality of care and support provided.