

Maycare Limited

Maycare

Inspection report

Unit 30, Vickers House
Vickers Business Centre, Priestley Road
Basingstoke
Hampshire
RG24 9NP

Tel: 01256841040

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21 June 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Maycare is a domiciliary care service providing personal care and support to people in their own homes. The service was supporting 52 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were supported by staff who had been recruited without robust and safe recruitment procedures.

People's care was not provided for the amount of time commissioned in order to meet their needs. Visits were consistently shorter than the scheduled call and some people and their relatives told us people felt rushed by busy staff.

Some people experienced times when care staff did not arrive, or arrived late. Some people said they were not always contacted to say staff were going to be late.

People and their relatives gave us mixed feedback about the quality of the service provided. Some people were happy with the care they received but others were not.

People were not always supported to take their medicines as prescribed.

People were not protected from the risks of COVID-19 because there was not a staff testing programme in place.

Most staff had completed training in safeguarding people and moving and handling, but not all.

The provider had not identified the concerns we found during the inspection and did not have an effective system in place to fully monitor the quality of the service.

People had risk assessments in place which considered their environment.

The provider undertook reviews of people's care plans with them and sought their views on the care provided. Spot checks on some staff had also been completed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 1 October 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement.

Why we inspected

We carried out a focused inspection of this service on 21 June 2022. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maycare on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to person-centred care, fit and proper persons employed and good governance at this inspection. We have also identified a new breach in relation to safe management of medicines.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider and request an action plan from them to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Maycare

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focussed inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 9 (Person-centred care), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement. This rating is based on the findings at this inspection.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21 June 2022 and ended on 14 July 2022. We visited the location's office on 21 June 2022.

What we did before the inspection

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

We used all this information to plan our inspection.

During the inspection

During the visit to the office, we reviewed a range of paper and computer records. These included care plans and/or associated records for twelve people, three staff recruitment files and policies and procedures. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with one member of staff who is based in the office. After our visit to the office, we spoke with four people who used the service and six relatives of different people. We spoke with six staff who supported people with their personal care and received feedback from four health and social care professionals.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure a robust recruitment procedure was in place. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider did not have an effective system in place to ensure staff were safe to work with people who received care.
- One new staff member did not have a Disclosure and Barring Service (DBS) check in place before they started working with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- Where new staff had previously worked in health and social care settings, the provider had not sought satisfactory evidence of conduct in, or the reason staff left, their previous employment, which is a requirement of the legislation.
- This meant people could be at risk from being supported by unsuitable staff.

Failure to undertake appropriate pre-employment checks is a continued breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

At our last inspection we found the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- There were not enough staff deployed to consistently meet people's needs. The provider told us they were short staffed as it was difficult to recruit. They also said staff were allocated a number of people to visit with the same start time. People were told staff would visit within a two-hour time slot.
- Records showed people did not always get the visits as they were commissioned by the funding authority, and which they were assessed as needing. Some people had missed visits and staff did not always stay the full time commissioned. For example, one person was commissioned for four calls per day, we reviewed

their call log for thirteen days, which showed a total of three calls were for the full time.

- People's records also continued to show some staff logged in and out of calls a distance away from the person's home, up to 4km which meant there was not an accurate record of when they arrived and left each call.
- Feedback from people was mixed. Some people told us they experienced missed and rushed calls. Comments included, "Their timekeeping isn't good although I do understand. It's all down to the cost of petrol. They don't let me know if they are running late and sometimes they just don't come at all" and "A few weeks ago there were three times when nobody arrived." Comments from relatives included, "They don't really rush [my relative] but if they are running late and in a hurry they do rush [my relative]. They don't always stay the time they should" and "Yes, they do rush [my relative], they are always in a hurry to go to the next patient. There are usually two at a time but sometimes only one."
- People were not always told when staff were running late. One person told us, "They don't always let me know if they are late. Last time they were really late there was actually nobody in the office to call about it." A relative told us "[My relative] says staff turn up when they want." Another relative told us, "If they are running late they don't always tell us." However, two relatives told us they were informed if staff were running late.
- A health and social care professional told us, "Staff do not arrive on time. They do not stay the allocated time which has a big impact on the client as they feel rushed. Clients advised they never know when someone is coming to them and they can turn up over an hour late."

The provider failed to ensure staff were deployed to provide care and treatment which consistently meets their needs and reflects their preferences is a continued breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people and relatives said they were happy with the time and duration of care calls. One person told us, "I don't know how long they should stay. They never rush me" and "I am ever so pleased. The carers seem to know how to treat me, they are all absolutely brilliant, I don't know what I would do without them. I have regular carers and they stay the time they should."
- Positive comments from relatives included, "We don't have an agreed time, I just tell them to come any time after nine and that is what they do. Sometimes it's ten, but that is fine with me. They do everything that is needed for [my relative]", "They all stay the time they should stay and never ask to leave early" and "They are absolutely brilliant. They stay the time they should. I don't think [my relative] has an agreed time but that is fine with [my relative]. Staff always arrive. They couldn't rush [my relative] if they tried!"
- A health and social care professional told us, "Maycare were able to meet the times preferred by my service user which worked very well with no issues."

Using medicines safely

- Systems were not in place to ensure people received their medicines as required.
- Care plans listed people's prescribed medicines but sometimes noted, "blister pack" and did not always show what medicine was in the blister pack.
- There were gaps in Medication Administration Records (MAR). This meant people may not have received their medicines as prescribed.
- One person was prescribed a medicine prescribed PRN (when needed) which required specialist training. The care plan stated, "Carers to assist – only carers that have received appropriate training can administer." A list of trained staff was given to us, but four staff had signed the records and had not received the training. There was not a PRN care plan in place to ensure staff were both informed and consistent in their approach and knowledge.
- For another person, the MAR showed "1 tablet every day", however, the prescription label on the box showed "one to be taken three times a day". Records showed the person did have the tablet as prescribed

but because the MAR was inaccurate there was a risk the person may not receive their medicine as prescribed.

Failure to ensure people received medicines safely and as prescribed was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received training in supporting people to take their medicines, however, they were unable to demonstrate a robust system for assessing their competency to do so. The provider had not followed national guidance which requires a formal assessment of competence by a staff member, who is also competent to assess others.
- Following the inspection, the provider took action to address the issues we had identified.

Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date. The provider was not following up-to-date government guidance in relation to COVID-19. The provider confirmed staff had not been routinely testing twice a week. They said this was because they believed staff were not able to access free tests and therefore they could not "enforce this."
- The registered manager told us staff were wearing masks but not changing them for each new person they supported. We advised the registered manager of the current guidance which was to wear a new mask for each visit.
- One person told us staff did not wear personal protective equipment and another told us they did "sometimes".
- The registered manager took immediate action and sent a message to staff to advise them about the change in their policy regarding testing and masks.
- One staff member told us, "I wear apron, mask and gloves. I change my mask when I leave a call now. We've had masks since COVID, but we got the call to let us all know about it [referring to feedback from inspection]."
- Another staff member said, "Gloves, masks and apron are changed after every call. I have always changed my mask after each person, but I know that it's a new thing for some people to change at every call."

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- New staff had not completed safeguarding training.
- The safeguarding policy was not specific to the service and did not include basic information such as the name and contact details of the multi-agency safeguarding team or who to contact if there were concerns about the registered manager.
- The registered manager acknowledged this said it was on the list of policies to be updated. The registered manager told us the handbook contained information regarding who to contact with concerns. However, this information was not in the handbook we were given to look at. The registered manager stated that staff would always raise concerns by calling the office during or after a visit.
- One staff member told us if they had a concern they would, "Tell [named person in the office] or the on-call and manager." Another staff member told us, "I would definitely alert the office, use my on-call app and speak to person in charge. At the weekend anything of concern can go to the on-call system."

Assessing risk, safety monitoring and management

- New staff had not received training for moving and handling before they started to support people.
- Where staff had received training, they told us about their understanding of moving and handling. One

staff member told us, "The training is online and practical, and spot checks where someone comes up to watch you using manual handling. If I was on a call [and there were concerns about other staff's moving and handling] I'd tell the office they're not ready and need more training." Another staff member told us, "We have training in the office, the back room has a hospital bed, hoist and a sling. Care plans tell you what to do."

- The provider ensured they undertook an assessment of people's needs and identified risks before they offered people a service. Risk assessments covered people's home environments and any equipment they used to assist them.
- Where people had equipment in their homes, for example, hoists, these were serviced by the relevant professional on a scheduled routine. Staff told us they checked the moving and handling equipment before they used it to ensure it was serviced and safe to use. One staff member said, "I always check equipment and if the date is running out we can ring [the organisation or relative responsible]. If it's not in date we're not allowed to use it, but this has never happened to me to be fair."

Learning lessons when things go wrong

- The registered manager responded to individual concerns when things went wrong. However, there was not a systematic approach to ensure learning was carried forward into practice.
- Two people gave us examples of telling the service they were not happy with staff who visited them. The provider made the changes requested.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

At our last inspection we found the provider had failed to operate effective quality systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager had not taken sufficient action to meet the regulations which were identified as breached at the last inspection. The recruitment process for new staff continued to not be robust and meant there was a risk people would be supported by staff who were unsafe.
- The system for rostering visits had not changed since the last inspection. This meant people did not always know the time staff were going to visit them and visits were shorter than the commissioned time. Some staff continued to log in and out of visits a distance away from the person's home, which meant the time spent supporting the person was shorter than the time stated. This recording issue had not been identified as a concern and action had not been taken to rectify this.
- Some people had 'missed visits'. Some people needed a staff member to support a live-in carer with their personal care, but sometimes these visits were late or missed. Some people needed the support of two staff, but two staff did not always arrive or were not recorded as being there. Missed visits had not been identified as a concern and action had not been taken to rectify this.
- The provider had not kept up to date with COVID-19 guidance for staff testing and single use of masks.
- There was still not an effective system in place for monitoring the quality of the service to ensure good outcomes for everyone.
- Staff raised alerts [anything which was different about a person's care plan, or needed further attention] using the computer system, which automatically sent an email to the office. These were reviewed each day. However, there was no log kept for identifying any patterns or trends.
- We found new concerns about medicines. There was not a system in place to effectively audit the medicines administration records which meant missed medicines had not been identified. Therefore, people were at risk of possible harm because they had not taken their medicines.
- The registered manager and staff told us staff could not log out of the calls without supporting people with their medicines (if this was part of the care plan). However, our review of records found staff had logged out of calls without completing the medicines administration record.

- People told us their care had been reviewed by a member of staff from the office. Staff told us care plans were reviewed at three months, six months and annually, however records were not in place to evidence this. We were also told there was a list of who was due for review but the list was not accessible as it was on another computer. Some notes of reviews held were later found on a desk as they had not yet been filed.
- Staff told us there was a monthly audit of the medication administration records. They told us they would, "usually look through medicines records and see what's been administered, if any medicines have been declined or has it been documented if there is a missing medication." However, we were told the monthly audit had not been completed for the, "last few months, as we been so busy." We asked for a copy of any previous audit for the last twelve months, but none could be found on the computer.
- There was a lack of clarity about management roles. There was not a clear leadership structure and staff roles were not clearly defined. For example, a staff member who worked in the office was responsible for management tasks and also supported people with personal care. They told us, "We are so short staffed our jobs have all merged. We're fire-fighting."
- Following our last inspection, the provider sent us an action plan which stated what they intended to do to ensure the service was compliant with regulations. However, during this inspection we have found continued and new breaches.

Failure to ensure robust systems were in place to monitor and improve the quality and safety of the service is a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had recruited a compliance manager, but they had not yet started work. The registered manager told us some paperwork was on a computer they could not access and we agreed paperwork could be sent to us after the inspection.
- The provider had completed annual appraisals for those staff who had worked there longer than a year. Spot checks had been undertaken for some staff. Spot checks were used to monitor quality of the care visits. Where issues had been identified, action had been taken to rectify the issue.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they understood their responsibility to act on the duty of candour. They told us they would be, "Open and honest, frank, talk to people. We ring family if there is a problem and try to resolve."

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

- Some people and their relatives knew who the registered manager was, but some did not.
- Staff told us they felt supported by the registered manager and office staff. One staff member told us, "I feel like we're supported I'm happy with how it is to be fair" and another staff member said, "I can ring or email the office, someone is always available, I feel supported by [the registered manager]."
- The provider sent an annual questionnaire to people to seek their views on the quality of the service provided. This was due to be sent out in June/July.
- The provider said they did not have staff meetings during the COVID-19 pandemic, but they had recently held a meeting.

Continuous learning and improving care

- There was not a formal system to monitor, identify and respond to feedback, concerns and trends.
- The registered manager told us, "We've had a revamp in the office, we are trying to learn from errors, we are updating care plans, reviews and spot checks."
- We received mixed feedback about the response people got when they telephoned the office.

Six people and one health and social care professional gave us positive feedback. However, two people, two relatives and a health and social care professional gave us negative feedback. They said they did not have a positive experience when contacting the office, either in terms of attitude, the telephone not being answered, or information not being passed on.

Working in partnership with others

- The registered manager told us the service had a good relationship with professionals, such as occupational therapists, social workers and community nurses.
- A health and social care professional told us, "I dealt with [named office staff member] whom was fantastic. We had effective communication either through email or on the phone. Messages were passed along should she be out of the office. She worked closely with me in [managing the person's care and support]. I feel that Maycare went out of their way to deliver care to the service user I was supporting. They were able to put in care calls at short notice. They increased the care calls and the service user was very happy with the care they were providing."