

Maycare Limited

Maycare

Inspection report

Unit 30, Vickers House
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Basingstoke
Hampshire
RG24 9NP

Tel: 01256841040

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21 August 2019

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Maycare provides a domiciliary care service to enable people living in Basingstoke and the surrounding area to maintain their independence at home. There were 72 people using the service at the time of the inspection, who had a wide range of physical and health care needs. Not everyone who used the service received personal care. The CQC only inspects services where people receive personal care which is help with tasks related to personal hygiene and eating. Where services offer personal care, we also consider any wider social care provided.

Why we inspected

We received concerns in relation to the management of staff recruitment, unsafe care and poor management of the service. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

People's experience of using this service

People were not always safe. There were systems in place to report safeguarding concerns to the appropriate authorities. However, we found evidence that concerns were not always reported. Staff were aware of their responsibilities to report concerns.

The service was led by a registered manager who had systems in place to monitor the service. However, these systems were not always effective and failed to fully identify our concerns. Records were not always well managed and readily available. We saw the registered manager had identified this issue and work had begun to resolve this concern.

Accidents and incidents were not always fully recorded and investigated. The registered manager could not provide us with current accident and incident reporting documents.

People received their medicines as prescribed. However, staff did not always use body maps for the application of creams.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Staff had undergone background checks before working at the service.

Systems were in place to ensure people were protected from the risk of infection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this report. You can see what action we have asked the provider to take at the end of this full report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below

Requires Improvement ●

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 Care Act 2014.

Inspection team

The inspection team consisted of three inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager, 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people, two relatives and we looked at four people's care and medicine administration records (MAR). We spoke with three care staff, three office staff and the registered manager. We reviewed a range of records relating to the management of the service. These included staff files, quality assurance audits, policies and recruitment documents.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- The systems in place to report concerns was not always used effectively. One person was put at risk because a full assessment of their needs was not conducted before support was provided. Staff were not aware of this person's needs and this put the person at risk. Support was removed by the family once this person's needs were recognised by the service. This incident was not reported as a safeguarding to the appropriate authorities, including the Care Quality Commission. The registered manager told us, "No I did not report this incident".

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe. People's comments included; "Safe? Oh yes, they [staff] are all very nice". One relative said, "I've never had any reason to feel she [person] was at any risk".
- Staff were aware of their responsibilities to report concerns. One staff member said, "I'd report to management, adult services and the local authority".

Learning lessons when things go wrong

- We asked the registered manager to provide us with current accident and incident documents to demonstrate how the service learned and improved when things went wrong. These documents could not be provided. This meant there was no formal system, or overview enabling the registered manager to analyse incidents and take action to improve the service and prevent reoccurrence.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medication, environment and emotional wellbeing. For example, one person was at risk of developing pressure ulcers. Staff were guided to monitor the person's skin condition and apply prescribed creams. Pressure relieving equipment was also put in place.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans, so they continued to meet people's needs.

Staffing and recruitment

- There was enough staff with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We do struggle sometimes but we always get by, so I'd say we have enough".
- Records confirmed there were sufficient staff to support people. For example, where two staff were required they were consistently deployed.
- People told us staff were generally punctual and stayed for the full length of the visit. One person said, "On the whole they are here for the whole time".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines safely and as prescribed.
- The registered manager ensured people's medicines were administered by trained and competent staff. One member of staff said, "I do help clients with their medicine. I'm tested routinely with spot checks".
- One person told us, "They are a good bunch of girls [staff], all very conscientious [with medicine]".
- Medicine records [MAR] were maintained and up to date. However, whilst body maps were held within medicine records they were not always used where staff were applying creams. The registered manager said, "I will message all staff to use them immediately".

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- One staff member told us, "Yes I've been trained. Gloves, aprons and hand gel are all provided".

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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Most people told us they did not know the registered manager. People and their relatives' comments included; "I don't really know who the manager is", "I wouldn't really know who to pinpoint as the manager" and "No I don't (know who the manager is)".
- The registered manager did not have effective quality assurance systems in place. Whilst audits and quality checks were conducted, they did not identify our concerns.
- There was not a clear leadership structure which aided in the smooth running of the service. We observed that the office atmosphere was chaotic, and it appeared all office staff became involved with every call that came into the office. Staff roles were not clearly defined and there was a lack of calm organisation. This made for a stressful office environment in which staff found it difficult to resolve issues and enquiries.
- Whilst the records we saw were accurate and up to date, many records were unavailable or hard to find. For example, we asked for medicine records for two people, but staff were unable to locate them. However, action was being taken to reorganise records and work had just commenced.

This was a breach of regulation 17 (Good governance) 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

- Most people we spoke with were happy with the support they received. People's comments included; "Happy with the support generally", "I'm more than pleased" and "The carers are very professional". However, one person commented, "It's the management really, and the office communication could be improved a lot".
- Staff spoke positively about the support they received from the registered manager. Staff comments included; "I think she [registered manager] is alright, she listens. She keeps us updated" and "[Registered manager] is approachable and helpful. She is very supportive. I do think things have improved a lot since June this year".

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 provider successfully maintained an open and transparent culture. The registered manager was

honest and took responsibility for the concerns we identified.

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

- People's opinions were sought, and action taken to improve the service. For example, people raised the issue of staff time keeping. An electronic monitoring system had been introduced and staff had received advice and guidance. People, and records confirmed improvements had been made.
- A relative spoke with us on how the service engaged with a person. They said, "[Person] has had a questionnaire. Someone did call a few months ago for feedback".
- Staff told us they felt involved in the service. One staff member said, "Yes I do feel involved, I think I am listened to".

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they looked positively at inspections. They said, "I think inspections give us an opportunity to learn and improve".
- Records showed the provider worked in partnership with multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The provider also worked closely with the local authority.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Reg 17(2)(a) Quality assurance systems were not always effective Reg 17(2)(c) Some records were disorganised and unavailable Reg 17(2)(b) No formal system to investigate and analyse accidents and incidents Reg 17(2)(b) Incident not reported to the appropriate authority