Maycare Limited

Maycare

Inspection report

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Ratings

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

Overall summary

This inspection took place on 6 and 9 March 2015 and was announced. The service was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available.

Maycare provides a domiciliary care service to enable people living in the Basingstoke, Tadley, Whitchurch and Hook areas to maintain their independence at home. There were 88 people using the service at the time of the inspection, who had a range of physical and health care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions including epilepsy, diabetes, multiple sclerosis and sensory impairments.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our previous inspection on 12 June 2014 the provider was not meeting the requirements of the law in relation to people's care and welfare, requirements relating to workers, supporting workers and assessing and monitoring the quality of the service. Following the inspection the provider sent us an action plan and

Summary of findings

informed us they would make improvements to meet these requirements by 31 September 2014. During this inspection we found improvements had been made to meet these requirements.

Care plans documented what support people required in relation to nutrition and hydration. However, people at risk of poor nutrition and hydration were not always sufficiently monitored, managed or encouraged to eat and drink enough. This increased the risk to their health and well- being.

The provider had quality assurance systems in place but these were inconsistently applied. People's feedback on the quality of care they received was sought. Action was taken by the provider if specific issues were identified. However there was no analysis to identify overarching trends for learning to take place to enable improvements of the service.

The provider had taken action to ensure staff received supervision, appraisals and required training. People's care was provided by staff who received appropriate training and support. Staff had received an induction into their role which met recognised standards within the care sector. Senior staff completed checks of staff competence to undertake their roles safely.

People told us they felt safe and trusted the staff. One person said "I trust the carers because they treat me like their own" and "they make sure I am safe and well and have everything I need." Staff had completed safeguarding training and had access to the provider's policy and local authority guidance. They were able to recognise if people were at risk and knew what action they should take. People were kept safe because safeguarding incidents were reported and acted upon.

Needs and risk assessments had been completed and reviewed regularly with people and where appropriate, their relatives. Where risks to people had been identified there were plans to manage them effectively, such as moving and positioning, pressure area management, epilepsy and safe catheter care plans.

Staff responded flexibly to people's individual wishes and changing needs and sought support from healthcare specialists when necessary. People's dignity and privacy were respected and supported by staff.

The registered manager completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. The provider did not take on extra care packages if they did not have staff available to meet people's needs safely.

Care staff had undergone appropriate recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us staff had sought their consent before delivering their care. Where people lacked the capacity to consent the principles of the Mental Capacity Act 2005 (MCA) had been followed to make best interest decisions on their behalf. The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff demonstrated an understanding of the principles of the act and described how they supported people to make decisions in accordance with them.

People told us care staff were caring and treated them with dignity. One person said "Nothing is too much trouble for them. The carers are so kind and considerate." We observed staff provided people's care in a warm, friendly and compassionate manner. People told us they experienced good continuity of care from staff whom they had grown to know and trust and from newly recruited care staff. One person told us, "New carers come with the regulars and read my care plan first but they always ask me what I want and how I like things done."

Senior staff, including the training manager, confirmed that they worked alongside staff which enabled them to speak with people, observe staff interactions with people and to seek staff feedback. There was an open and transparent culture in the service and people felt able to express their views freely.

The provider's values focussed on treating people with dignity and respect whilst providing high quality care. People were cared for by staff who understood and practised the values of the service in the provision of their care.

Summary of findings

People and staff were experiencing concerns regarding the local authorities' tender process for new contracts beginning in April 2015. The provider had shown clear and direct leadership by writing to people and staff to keep them informed and reassured.

The manager had improved people's care plans and ensured they had been reviewed. People had accurate care plans and these were stored securely in the office.

Summary of findings

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 safe.

The registered manager completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs.

Safeguarding incidents had been identified, reported to relevant agencies and actions taken by staff to reduce the risk of re-occurrence.

Risks to people were quickly identified and safely managed by staff.

Medicines were administered safely. Where errors had occurred the provider had responded promptly to ensure people were safe.

Good

Is the service effective?
The service was not always effective.

People at risk of poor nutrition and hydration were not always sufficiently monitored, managed or encouraged. This increased the risk to their health and well- being.

Staff were aware of changes in people's needs. Staff ensured people accessed health care services promptly when required.

People were supported to make their own decisions and choices. Care staff understood the principles of consent and mental capacity.

Requires Improvement

Is the service caring?
The service was caring

People received care and support from friendly, kind and compassionate staff. Staff provided support in a respectful and sensitive way.

People's preferences about their care were known and understood by staff.

People received their personal care in private and were treated with dignity and respect. People were supported by staff to be independent.

Good

Is the service responsive?
The service was responsive.

People had personalised care plans which reflected their care needs and preferences with regards to the provision of their care. These had been updated regularly by senior staff to reflect people's changing needs .

People were provided with information about how to complain. Complaints were logged, investigated and responded to by the registered manager. Improvements to the service were made as a result of complaints received.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

The provider had quality assurance systems in place and had introduced new processes but these were inconsistently applied and needed time to embed. The provider could not be assured that the service was always delivering high quality care.

The registered manager and senior staff provided clear leadership and were accessible, approachable and listened, which inspired staff to provide good quality care.

Staff understood the provider's values and practised them in the delivery of people's care.

Requires Improvement

Maycare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 6 and 9 March 2015 and was announced. The service was given 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. The inspection team consisted of one inspector 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. The expert by experience had personal experience of community services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with two commissioners of the service, two care managers and a member of Healthwatch. During the inspection we spoke with the provider, registered manager, the home care manager, the training manager, the compliance manager, the care coordinator, two senior care staff and two care staff. The home care manager completed needs and risk assessments and staff supervisions. The registered manager supervised the home care manager, completed all staff appraisals, managed all complaints and liaised with the commissioning authority.

We reviewed 10 people's care plans and 11 staff recruitment and supervision records. We also looked at information relating to the management of the service, which included audits of people's daily notes and the provider's policies and procedures.

We visited four people at their homes, spoke with them about their care and looked at their care records. We observed some aspects of care, such as staff preparing people's meals and supporting them to move.

Following the home visits we spoke with a further 12 people, 13 relatives and four staff on the telephone.

Good

Is the service safe?

Our findings

Our previous inspection in June 2014 identified that people had not been protected from the risks of unsafe care. People's needs had not been appropriately assessed or reviewed and there was a high level of missed and mistimed calls.

During this inspection we found the provider had taken the necessary action to make the required improvements. The provider had completed the reviews of all people's needs and risk assessments. The level of missed calls had reduced significantly compared to the level at the last inspection, so there were only occasional missed calls. The provider had identified people who were most at risk in the event of a missed call using a red, amber and green rating system. They ensured that staff updated the office to confirm these people's last visit of the day had been completed, to ensure there were no missed calls to them. This ensured that if there was a missed call the risk to the person was low. The provider's electronic monitoring system demonstrated that the home care manager or other senior staff were covering any identified missed or late calls during the evenings and weekend, to ensure people were safe.

Our last inspection in June 2014 identified that the provider did not operate safe recruitment procedures, which ensured people were supported by staff with the appropriate experience and character. The provider had failed to obtain full employment histories from all new staff and satisfactory explanations of any gaps. We told the provider to make necessary improvements to meet legal requirements.

At this inspection we found that necessary improvements had been made. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references, which confirmed details staff had provided and proof of satisfactory conduct in previous health and social care employment. The provider also completed a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use care and support services. The recruitment files showed that a thorough system was in place for staff pre-employment checks.

At our last inspection the provider had not ensured that people who required two staff to support them safely always received a visit from two care staff. During this inspection we spoke with four people who required the support of two care staff, who told us the service had improved and they now received the required number of care staff on all visits.

During this inspection one staff member contacted the office to report they were unable to work that morning. The home care manager immediately went out to cover their calls until the coordinator contacted other available staff. The staff rota system enabled the registered manager to monitor care staff continuity in relation to people's visits and preferred times. The registered manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. They told us they would not take extra care packages if they did not have staff available to meet people's needs safely. We saw documentation which confirmed they had recently declined to provide care for eleven people because they did not have sufficient staff to meet people's needs.

People told us they felt safe because they were supported by staff who knew them well. One person told us, "I feel safe in their hands and trust them to look after me." Another person said, "I've had them for years and they never let me down. You can set your watch by them."

Staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They told us they would have no hesitation in reporting abuse and were confident the registered manager would act on their concerns. Staff told us they had access to the provider's safeguarding policy, local authority guidance and relevant contact numbers to enable them to report any safeguarding concerns. Records showed five safeguarding incidents had been reported, recorded and investigated in accordance with the provider's safeguarding policies and local authority guidance, since our last inspection. People were kept safe as care staff understood their role in relation to safeguarding procedures.

People were protected from the risks associated with their care and support because these had been identified and managed appropriately. Risks to people had been identified in relation to safety, specific health needs, communications, behaviour, sleep, medicines, pain, washing, bathing, grooming, dressing, continence, skin care, mobility and social contact. Staff were able to

Good

Is the service safe?

demonstrate their knowledge of people's needs and risk assessments, which was consistent with the guidance contained within people's care plans. Risk assessments gave staff guidance to follow in order to provide the required support to keep people safe.

Risks to people associated with moving and positioning were managed safely because staff had received appropriate training and had their competency assessed annually by the provider's training manager. The provider's training manager told us where people were supported with moving equipment a risk assessment and risk management plan had been completed, which included any specific training required. Staff had been trained in the use of people's individual support equipment, which was confirmed in their training records. A person we visited told us how senior staff had completed a risk assessment with them and the occupational therapist to ensure care staff knew how to support them safely whilst using a shower chair. This was recorded in their care plan.

Where skin assessments identified people were at risk of experiencing pressure sores staff had received guidance about how to reduce these risks to prevent their development. During visits to people we observed that pressure relieving equipment was being used in accordance with people's pressure area management plans. A relative told us, "They are very gentle and know how to move him causing the least discomfort." This meant that the risks to people from pressure sores had been managed safely.

Medicines were administered safely in a way people preferred, by trained staff who had their competency assessed annually by the manager and senior support workers. The service user guide and provider's medicines policy gave clear information about what staff may or may not do to support people with their medicines.

Staff told us they felt confident managing medicines and that their training had prepared them to do this. We examined records which confirmed that staff had received the appropriate training. People told us that staff supported them where necessary with their medicine, in accordance with their care plan. Appropriate arrangements were in place in relation to obtaining, storing and disposing of people's medicines.

We reviewed people's medicine administration records (MAR) and saw staff had signed to record what medicine had been administered. If a medicine was not administered, the reason and any action taken as a result were recorded.

The registered manager reported there had been two medicines errors since our last inspection. When staff had identified the errors, they had taken prompt action to liaise with the person's GP to ensure people were safe. The registered manager had completed a reassessment of the competencies of the staff in each case.

Requires Improvement

Is the service effective?

Our findings

People at risk of poor nutrition and hydration were not always sufficiently monitored, managed or encouraged. Prior to our inspection concerns had been raised in relation to the provision of people's nutrition and hydration. Most staff had received basic training in relation to food hygiene but had not completed training in relation to nutrition and hydration. We reviewed one person's care records and found staff had not always prompted the person to eat and drink a sufficient amount, in accordance with their care plan. This had resulted in an increased risk to their health and well- being.

We recommend the provider adopts the National Institute for Health and Care Excellence guidance in relation to the monitoring of nutrition support to people in the community.

During our last inspection we identified the provider had not ensured that staff had been supported to deliver care to people safely and to an appropriate standard. The provider had not completed supervisions, appraisals or spot checks where supervisors observed care practice, in accordance with the provider's policy. Staff had not been effectively supported with appropriate training and supervision. During this inspection we found the provider had made the necessary improvements to address these concerns.

The provider had taken action to ensure all staff received the required training to support people effectively. New staff told us they had completed the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. People were cared for by care staff who had received an appropriate induction to their role and training to meet people's needs.

The provider had an effective system of supervision in place. Staff told us they had received a spot check and supervision during the previous six months, and had received an annual appraisal or had one arranged, which records confirmed. Staff told us a "spot check" involved senior staff observing them whilst delivering care to people. Staff had effective support, supervision and training.

Staff had been encouraged to undertake additional relevant training to enable them to provide people's care effectively and were supported with their career development. Records showed four staff were qualified to National Vocational Level (NVQ) two or the equivalent, whilst six were enrolled on the Qualifications and Credit Framework (QCF) level three. NVQs and QCF's are work based awards that are achieved through assessment and training. To achieve an NVQ or QCF, candidates must prove that they have the ability to carry out their job to the required standard.

The provider's trainer delivered required face to face training to equip staff with the skills to meet people's needs, which was supplemented by DVD based learning. Further training had been arranged for staff, for example by the district nursing team, where additional skills were required to meet people's specific health needs. This included training in relation to diabetes, epilepsy, catheter care and supportive feeding techniques. Staff told us that they felt confident that their induction and training had prepared them to effectively support people to meet their needs.

People made positive comments about the competence of staff like, "They are well trained" and "know what they are doing". However a relative was concerned that one member of staff did not know how to communicate with their loved one, who lived with dementia. The provider's training schedule demonstrated that 13 of 36 staff had received additional training to support people living with dementia, to supplement that received during their induction.

We recommend that the provider increases the number of staff trained in relation to supporting people with dementia and considers establishing this topic as part of their required training programme.

Following a safeguarding incident where a person was placed at risk by a staff member who had mixed up disinfectant and oral hygiene products, other staff took appropriate emergency action to ensure the person was safe. The provider introduced Control of Substances Hazardous to Health as a required training topic for all staff. The provider had taken effective action to improve their induction training to reduce the risk of such an incident happening again. Staff involved in the incident were subject to the provider's disciplinary procedures.

People said the staff always asked for their consent before they did anything. Staff told us they had received training in

Requires Improvement

Is the service effective?

the Mental Capacity Act (MCA) 2005 in July 2014. However, staff training records confirmed that 18 of 36 staff had not completed additional training in relation to MCA, other than that provided during their induction. The training manager told us MCA training would be prioritised throughout the provider's training programme in 2015.

However, staff were able to demonstrate an understanding of the principles of the act and described how they supported people to make decisions. The provider had a copy of the Hampshire local authority guidance to support them in any formal recording of mental capacity assessments and best interest decisions. People were cared for by care staff who understood their responsibilities in relation to the MCA.

We reviewed the care records of a person who had complex needs and had been assessed as not having the capacity to make decisions about care and welfare. We noted in their records that 'best interest decisions' had been made in relation to the most appropriate care and support to meet their complex needs.

The provider supported 12 people who had a lasting power of attorney (LPA) and had obtained copies of documents to confirm this. A LPA is a legal document that lets a person appoint one or more people, attorney's, to make decisions on their behalf. They can be in relation to health and welfare or property and financial affairs. This ensured the provider knew who was legally able to make decisions on people's behalf and in relation to what type of issues. The manager ensured people's attorneys were involved in people's care planning where required. A relative who was also an 'attorney' said, "We are always talking with the carers and have good communication with the manager, so we all know what is happening." People were supported by staff who understood who was legally able to make decisions on their behalf.

Care staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. A relative told us that staff had quickly informed them and the occupational therapist and physiotherapist when a person's mobility had deteriorated. We saw another example where staff had made a prompt referral to the GP of a person with complex needs whose health had deteriorated. This ensured there was a quick diagnosis of their symptoms and the person had prompt access to healthcare services.

Good

Is the service caring?

Our findings

Feedback from people and relatives identified the caring and compassionate approach of their regular staff. One person told us, “They are very kind and gentle”. Another said, “They are wonderful. They have been caring for me so long and make me feel special.” A relative told us, “They are very caring, I cannot praise them too highly.”

During home visits we observed relationships between people and staff which were warm and caring, demonstrating mutual respect and understanding. People and relatives told us the staff were calm and assured and never in a hurry. Several relatives said they often heard people and staff “talking, laughing and singing”, which demonstrated positive, caring relationships had been developed.

One person said, “Now I get the same regular carers who are brilliant and like my family.” Another person said, “It makes you feel safe knowing you can trust the carers and know who’s coming.” When new staff had been recruited they were introduced to people and would initially attend calls with existing staff. People told us if staff were not familiar with people’s care needs they checked with them how they wanted their care to be provided. Relatives of people who had complex needs told us the service had improved with time and the home care manager and senior staff went out of their way to ensure the service was caring. One relative told us, “I am happier now “ and “I think they are trying hard to get it right.” People were cared for by staff who had developed caring relationships with them.

People and relatives said staff were kind and compassionate and treated them and the arrangements of their household with respect. A relative was concerned that one staff member had not been so caring and did not to know how to speak with their loved one. They told us they had informed the provider had who ensured the staff member in question did not return to provide care for them.

The registered manager told us it was very important for staff to provide support in a caring and compassionate way, no matter how basic. This included ensuring drinks were not too hot and asking what meals people would like, even if they always requested their known preference. When people were unhappy with the caring attitude of staff we noted the home care manager visited people to discuss these concerns. If the person then wished other staff to support them this was arranged and where necessary issues were addressed with relevant staff in supervisions, which were recorded in their staff files.

Staff demonstrated detailed knowledge about the needs of people and had developed trusting relationships with them. They were able to tell us about the personal histories and preferences of each person they supported. Staff understood people’s care plans and the events that had informed them. People’s preferences about terms of address, bathing arrangements, times they liked to get up and go to bed were noted and followed.

People and relatives, where appropriate, were involved in making their decisions and planning their own care and support. If they were unable to do this, their care needs were discussed with relatives. They told us they were able to make choices about their day to day lives and staff respected those choices.

During our visits we observed people being treated with dignity and respect. People and relatives told us people’s dignity was promoted by staff because they were treated as individuals, with kindness and compassion. Staff described how they supported people to maintain their privacy and dignity. These included taking people into their bedrooms to deliver personal care and supporting them to do what they were able to for themselves. When staff wished to discuss a confidential matter they did so in private. Records showed staff had discussed sensitive issues such as personal relationships and the delivery of personal care with people, to ensure they had the necessary support they required.

People and staff had two way conversations about topics of general interest that did not just focus on the person’s support needs. We observed staff had time to spend with people and always spoke with them in an inclusive manner, enquiring about their welfare and feelings.

Good

Is the service responsive?

Our findings

During our last inspection we found the provider did not have arrangements for people to have their individual needs regularly assessed. At this inspection the provider now maintained a schedule which identified when people required to have their needs reviewed and allocated these to the senior staff. People had their needs regularly assessed, recorded and reviewed to ensure their needs were being met.

People and their relatives, when appropriate, had been involved in planning and reviewing care on a regular basis. Relatives told us they were pleased with the way they were involved in care planning and kept informed of any changes by the service. One person told us "The carers know me and what I need so well. They always contact the right people if I'm poorly and react to things way before I would." A relative told us, "We have good communication with the manager who regularly speaks with us to make sure everything is ok and whether there have been any changes."

Some people told us they wished to remain as independent as possible within their own home. One person said, "I have some very complex needs which require patience and understanding. The staff are excellent. They are always asking about how I like things done and if there are any improvements they could make for me." People gave their views about their level of independence and the provider had taken these into account in their care plans.

Each person was treated as an individual. Staff got to know the person and the support they provided was built around their unique needs. People, or where appropriate those acting on their behalf, told us their care was designed to meet their specific requirements. Staff said that care plans contained the information they required about people's needs and wishes, to support people well. The care plan provided staff with information they should give the person to support them.

Staff knew which people might be resistant to receiving care and support told us how they would know this. They told us how they would respect people's wishes and attempt to provide their care later in the visit or arrange for other staff to provide it later, when they might be more receptive.

People and relatives knew how to make a complaint and raise any concerns about the service. They told us that staff responded well to any concerns or complaints raised. The provider had a complaints policy and procedure in their service user guide. This had been made available to people in a format which met their needs. We noted that in the front of people's home records there was a leaflet encouraging them contact the registered manager or home care manager, together with their telephone numbers, if they had any concerns or queries. The manager said they had undertaken training with staff on complaints management to ensure they understood their role, which staff confirmed.

People's feedback on the provider's response to issues raised was variable. Most spoke positively about the support and monitoring of the quality of the care they received. For example, one person said, "The new girl in the office is always polite and sorts things out." Another described the registered manager as "friendly and helpful" and praised them for coming out to cover for staff absence at short notice during Christmas. A relative said "The manager and the office regularly ask if we are happy or have any concerns." However, one relative told us, "The regular carers are good but the admin's up the creek and we get too many new carer's. Nothing seems to change."

The manager told us that the service had received five complaints since the last CQC inspection. These complaints had been managed in accordance with the provider's policy. Records showed all complaints whether verbal, written, from the person, their family or professionals had been logged, investigated and where required action had been taken. Records showed the provider had met people in response to concerns raised. This enabled people to openly express and discuss the issues. We reviewed a complaint from a person who did not get on with a member of care staff. The manager had reviewed the staff rota system to ensure that particular care staff member was not allocated to this person again.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well-led.

At the previous inspection in June 2014 it had been identified that the provider was not operating their quality assurance systems effectively to ensure care plan reviews, staff training and supervision were completed. The provider had not assured people were protected from the risks of unsafe or inappropriate care, by effectively assessing and monitoring their needs were met by staff supported with appropriate training and supervision. We told the provider to make improvements to meet legal requirements.

At this inspection we found that improvements had been made. The home care manager was operating most quality assurance systems effectively and had ensured all care plan reviews, required staff training, supervision and appraisals had been completed. The registered manager told us that they held a weekly meeting with the home care manager to discuss all quality assurance issues. The provider told us they would attend these meetings if they were available. However, these meetings had not been recorded to demonstrate the issues discussed or action taken to address them. It was unclear what action had been taken in relation to these meetings and the outcomes for people. The provider could not be assured that quality assurance and governance systems were effectively used to drive improvements in the service.

The provider had quality assurance systems in place and had introduced new processes. However, these were inconsistently applied and needed time to embed to become effective. The provider had introduced a new daily tasking system. At the time of our inspection this system was not being operated effectively. The provider was unaware of this because they had not assessed or monitored the system. The provider had not ensured that identified daily tasks to support people's health and welfare had been completed. For example, if it had been identified that a person's needs had changed and they required an updated risk assessment the provider had not assured this had been completed and therefore could not be assured their needs were being met.

People's feedback on the quality of care they received was sought by the provider. The provider had completed a care quality survey and safeguarding survey and had collated people's responses. Action was taken where specific issues had been identified. However there was no analysis to identify themes or trends to enable the provider to identify necessary learning to drive service improvements.

The provider told us they had appointed a compliance manager who was responsible for completing audits to monitor the quality of the service. At the time of our inspection the compliance manager was not available and neither the registered manager nor home care manager could access their computer records to show all of their audits. The provider was unable to demonstrate any action plans created in relation to areas of improvement identified in the audits. We were able to review some daily log book audits which had identified areas for improvement. The registered manager had addressed these in a memorandum to all staff, for example in relation to required improvements identified in staff record keeping. The shortfalls were identified together with the provider's expectation in relation to effective record keeping.

People had been allocated a senior member of staff who was responsible for overseeing all aspects of their care. We read letters from the registered manager which had been sent informing people of this. The provider's action plan to address improvements required identified during our last inspection stated that allocated senior staff were to meet monthly, to discuss people's care provision, and that the issues and actions were to be recorded. Senior staff we spoke with told us that communication with the management team had improved and there was frequent contact with the registered manager and home care manager to discuss people's needs, which were then addressed. However, the provider had not recorded the formal meetings, the issues discussed or actions taken. There was no evidence of specific action plans generated so it was unclear what action had been taken and the outcomes achieved. The provider could not be assured that issues raised had been addressed.

During our inspection in June 2014 staff were demoralised and felt unsupported by the management, who were unapproachable and dismissive of concerns raised by staff. At this inspection people and staff told us the service was now well managed. Staff told us the registered manager and senior staff provided good visible leadership and were accessible, approachable and listened, which inspired them to provide good quality care. Staff told us there had

Requires Improvement

Is the service well-led?

been a total change in the office culture, which was now focussed on the needs and concerns of people being supported. A senior staff member told us, "You are now openly encouraged to report things, rather than hide them." Details of the provider's whistleblowing policy were made available to staff. People were supported by staff who were encouraged to raise issues.

The home care manager and training manager confirmed that they worked alongside staff, which enabled them to speak with people, observe staff interactions with people and to seek staff feedback. There was an open and transparent culture in the service and people felt able to express their views freely. We observed staff approaching managers to ask questions or chat. Staff told us the home care manager was always available if they needed guidance.

People and staff told us they were extremely concerned and unsettled because the local authority had requested all care agencies to tender for new contracts starting on 1 April 2015. The uncertainty had caused people to worry. The provider responded by writing to all of the people they supported providing information about the process and choices available to them, including remaining with Maycare. One person told us, "I'm glad Maycare are keeping us informed because nobody else is. If at all possible I want to stay with them because they treat me so well." People were supported by management who had assumed accountability and responsibility for keeping people informed about changes which could affect their care and support.

Staff told us they had also received a letter from the provider who had kept them updated during this period of uncertainty. One senior support worker said the registered manager and home care manager had done well to keep staff informed. This demonstrated good leadership because the provider made sure staff were supported and had their rights and well-being protected.

The provider told us about the values of the service, which included treating people with dignity and respect whilst providing the best possible care to meet their needs. Staff we spoke with about the values and ethos of the service confirmed these had been discussed with them during their induction. People were cared for by staff who understood and practised the values of the provider in the provision of their care.

People's needs were accurately reflected in detailed plans of care and risk assessments, which were up to date. Support plans and risk assessments were kept confidentially and contained appropriate levels of information. For example, if a new member of staff arrived after reading these plans they would be able to support people safely.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.