Maycare Limited

Maycare

Inspection report

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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

Maycare provides a domiciliary care service to enable people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 106 people using the service, who had a range of health and social care needs. Some people were being supported to live with dementia, whilst others were supported with specific health conditions and mental health diagnoses. At the time of the inspection the provider deployed 34 staff to care for people and meet their individual needs, providing 1000 hours of commissioned care.

The inspection was conducted between 18 December 2017 and 5 January 2018 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

The service had an experienced 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. The registered manager was supported by a an experienced home care manager, a business excellence manager, a coordinator and six senior staff.

At our last inspection in December 2016 we found people were not protected from the risks associated with unsuitable staff being employed by Maycare. The provider's failure to operate safe recruitment procedures, and ensure that all staff were of good character prior to being employed, was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the improvements they were going to make to ensure they were meeting the requirements of this regulation.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. Staff had undergone relevant pre-employment checks which had assured staff suitability for the role, before they were allowed to support people in their own homes.

During our last inspection we found the provider had failed to ensure there were sufficient staff deployed to meet people's needs at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the improvements they were going to make to ensure they were meeting the requirements of this regulation.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. The registered manager completed a daily staffing needs analysis which ensured there were sufficient numbers of suitable staff, with the right mix of skills to provide safe care which met people's assessed needs.

During out last inspection in December 2016 we found that some people experienced inconsistent care from staff who did not know them or their needs. The provider had failed to ensure that the care and support people experienced was appropriate and met people's needs at all times. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. People consistently experienced care from staff who knew them well and how to deliver the support they required.

At our last inspection there was a quality assurance process in place, but this was not always effective in monitoring and improving the quality and safety of the service. At this inspection the provider's quality assurance process now ensured people received visits for the full time allocated and people were protected from the risk of receiving care from staff whose suitability had not been fully assessed.

Since our last inspection the provider had implemented an electronic system which enabled the office team to assure people's and staff safety. The new system enabled the management team to check that staff had arrived and left each call and raised an alert if there was an excessive delay.

During our last inspection we found that the provider did not have procedures in place for dealing with emergencies, which could reasonably be expected to arise from time to time. Staff had not received practical advice or guidance about how to remain safe or to keep people safe.

At this inspection we found the provider's business excellence manager had reviewed their lone worker policy and had developed procedures to deal with adverse weather conditions and disruptions to the service' communication systems. Staff had now received practical guidance about how to remain safe and to keep people safe.

Staff understood their role and responsibility to safeguard people from abuse. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people from avoidable harm.

People's needs and risk assessments contained all the information staff required to meet their needs safely and to mitigate any identified risks. Staff understood people's risk assessments and provided support in accordance with risk management plans to keep people safe.

People's prescribed medicines were administered safely, in accordance with the provider's policy and people's individual support plans. Staff had their competency to administer medicines assessed annually to ensure they had maintained their skills and knowledge.

Staff had been trained in relation to infection control and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene, whilst supporting people in their homes.

The registered manager had ensured that staff had the skills, knowledge and experience to deliver effective care and support to meet people's needs. Supervision and appraisal were used to develop and motivate staff, review their practice and focus on their professional development.

The service protected people from the risk of poor nutrition, dehydration and other medical conditions that affected their health. The service had clear systems and processes for referring people to external services, which were applied consistently. Staff made prompt referrals to health professionals when required and acted swiftly on their recommendations.

Staff upheld people's rights to make sure they had maximum choice and control over their lives, and supported them in the least restrictive way possible.

People were consistently treated with dignity, respect and kindness by staff who made them feel that they mattered. The registered manager ensured staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

People were confident that if they complained they would be taken seriously, and their complaint or concern would be explored thoroughly. The registered manager used the learning from complaints and concerns as an opportunity to drive improvement in the quality of the service.

At the time of inspection the service was not supporting anyone with end of life care. However, we letters from bereaved families described the care provided to their loved one to be outstanding, compassionate and understanding, whilst referring to the staff as loving and caring.

The registered manager provided clear and direct leadership and had created an open and inclusive culture within the service.

The provider had adopted a clear set of values based upon caring passionately about people, supporting and enabling them to live life to the full and delivering person centred care which met their needs.

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 abuse and the risk of avoidable harm because staff understood their role and responsibility to keep people safe.

Recruitment procedures were robust and essential pre-employment checks were always completed to ensure staff were suitable for their role, before they started work.

There were always sufficient numbers of staff deployed to keep people safe and meet their assessed needs.

People received their medicines as prescribed from staff who followed current and relevant guidance regarding the safe management of medicines.

Staff had completed relevant training and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene to reduce the risk of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going

healthcare support when required.

People living with dementia received appropriate support to meet their needs from staff who had completed dementia awareness training.

Is the service caring?

Good

The service was caring

Staff developed caring and meaningful relationships with people and treated them with dignity and respect.

The provider enabled staff to have time to listen to people, answer their questions, provide information, and involved them in decisions about their care.

Staff promoted people's independence and understood the importance of respecting people's choices and their privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People knew how to raise concerns or make a complaint and were confident the registered manager would take prompt action to deal with them.

The registered manager used feedback, concerns and complaints as an opportunity to learn and improve the quality of the service provided.

When required people experience caring and compassionate end of life care.

Is the service well-led?

Good

The service was well-led.

Staff spoke with pride and passion about their service and understood the provider's values, which they demonstrated in the delivery of people's care.

The registered manager provided clear and direct leadership

visible at all levels, which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service.

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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information on the day of our inspection.

Prior to the inspection we spoke with a senior social work practitioner and a safeguarding and governance officer from the local authority.

The inspection took place between 18 December 2017 and 5 January 2018. It was conducted by one adult social care inspector. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

In the course of our inspection we spoke with 20 staff, eight people who use the service and 13 relatives of people using the service who had limited verbal communication.

On 18 and 19 December 2017 we visited the provider's office and spoke with seven people and three relatives, who had invited us to see them in their homes at the time of their care visits. During the office visits we spoke with the registered manager, the home care manager, the business excellence manager, three senior staff and five staff. Between 29 December 2017 and 5 January 2018 we spoke with additional people, their relatives and members of staff.

We reviewed 10 people's care plans, including daily records and medicines administration records. We

looked at ten staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service, including quality assurance audits and complaints. We considered how comments from people, staff and others, as well as quality assurance processes were used to drive improvements in the service.

Good

Is the service safe?

Our findings

People experienced good continuity and consistency of care from staff they knew, which made them feel safe. One person told us, "They [staff] know me so well and understand my needs. I feel I couldn't get better care anywhere." A relative told us, "The carers are all so caring and gentle and talk to [their loved one] all the time reassuring them." People, relatives and staff told us that the continuity and consistency of staffing had improved since our last inspection which meant people received care from regular staff who knew their needs and how to support them safely.

During out last inspection in December 2016 we found people were not protected from the risks associated with unsuitable staff being employed by Maycare. The provider had not always completed the required pre-employment checks, to satisfy themselves that staff were of good character and suitable to work with the people they would be supporting. The provider's failure to operate safe recruitment procedures, and ensure that all staff were of good character prior to being employed, was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the improvements they were going to make to ensure they were meeting the requirements of this regulation.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. For example, staff had undergone relevant pre-employment checks, including the provision of suitable references, confirmation of their eligibility to work in the UK, details of any gaps in their employment history and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. The provider had assured staff suitability before they were allowed to support people in their own homes. New staff told us they were completing the provider's training but had not been allowed to support people whilst their DBS check was awaited.

During our last inspection we found the provider had failed to ensure there were sufficient staff deployed to meet people's needs at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the improvements they were going to make to ensure they were meeting the requirements of this regulation.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. People told us that the consistency and continuity of staffing had improved. One person told us, "Staffing is much better now. Before, it was total chaos and you didn't know who was coming or when. There are still times when staff are late but that's because of things that have happened but now you get a call to let you know what is happening." A person's relative told us, "I used to dread the weekend because the carers were so unreliable. It has definitely improved and so have the rotas." People and their relatives consistently told us that staff now stayed for the full length of their allocated visit. One person told us, "Carers never stayed as long as they should because they were always rushing off but now they stay and ask me if there's anything else I would like." The provider ensured there were sufficient numbers of suitable staff to support people to stay safe and meet their needs at all times.

The management team told us that staff reliability had significantly improved since the last inspection, for example; staff did not hand back their visits at short notice and staff were now willing to volunteer to cover calls in an emergency. This was confirmed by staff who consistently told us the rostering and organisation of scheduled visits had dramatically improved. One staff member told us, "Some unreliable staff who let clients [people] down at the last minute have left and there is a much better team spirit, where carers will volunteer to cover each other." Another staff member told us, "I used to get loads of calls to different people at the same time but [the coordinator] is doing a good job and has sorted it out and the office also seem to be communicating much better."

The home care manager told us they completed a weekly staffing analysis to ensure there were sufficient staff available to meet people's needs. Rosters demonstrated that the required number of staff to meet people's needs had been provided. This demonstrated the provider ensured there were sufficient numbers of suitable staff deployed to keep people safe and meet their needs.

Since our last inspection the provider had implemented an electronic system which enabled the office team to assure people's and staff safety. The new system enabled the management team to check that staff had arrived and left each call and raised an alert if there was an excessive delay. The provider was in the process of introducing this system to all of the people, starting with those to be identified to be most at risk from not receiving a visit or receiving a late visit. This system also provided more assurance to the registered manager in relation to the safety of staff.

During our last inspection we found that the provider's did not have procedures in place for dealing with emergencies, which could reasonably be expected to arise from time to time. Staff had not received practical advice or guidance about how to remain safe or to keep people safe.

At this inspection we found the provider's business excellence manager had reviewed their lone worker policy and had developed procedures to deal with adverse weather conditions and disruptions to the service' communication systems. The provider had assessed which people had family members who could support them in an emergency and which people lived alone and would be at high risk. The provider had identified which people they might be able to visit on foot if the roads were impassable due to snow and had explored other solutions such as the availability of 4x4 vehicles that could be used in adverse weather.

Staff understood their role and responsibility to safeguard people from abuse. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised. This meant the provider had policies in place to assure people's safety in the event of foreseeable emergencies.

The home care manager and staff protected people from harm by identifying risks associated with their care and managing these effectively. People's needs and risk assessments contained all the information staff required to meet people's needs safely and to mitigate any identified risks. Staff understood people's risk assessments and the action required to support people safely. For example; staff knew who was at risk of pressure ulcers and how their skin integrity was to be managed safely. Staff supported people safely with their moving and positioning needs.

Where people were diagnosed with specific health conditions, such as epilepsy, the home care manager had completed a detailed support plan with the person to minimise the risks, for example; what action staff needed to take if the person experienced a seizure. Staff were able to describe the different types of seizure individuals may experience and what support they would provide if necessary, in accordance with people's epilepsy support plan.

Staff had received appropriate training to support people to move safely and had their competencies regularly assessed by the home care manager. We observed staff using people's personalised support equipment safely, in accordance with the guidance within their care plans. One person told us, "All of the girls [staff] know me really well, so yes I always feel that I am in safe hands. If they're ever concerned they talk to me."

Staff were consistently able to demonstrate their knowledge of people's needs and risk assessments in relation to specific health conditions, communications, behaviour which may challenge, medicines management, pain relief, personal care, mobility and social contact, which was consistent with the guidance contained within people's care plans.

People's medicines were administered safely, in accordance with the provider's policy, by trained staff. Staff told us they had received medicines management training and their competency was assessed by the home care manager, which records confirmed. Staff told us they felt confident managing medicines and that their training had prepared them to do this. People told us that staff supported them where necessary with their prescribed medicines, in accordance with their care plan. We reviewed people's medicine administration records which showed people had received their medicines as prescribed.

All accidents and near misses were reported and reviewed to identify any themes and trends. Action was then taken to minimise the risk of repetition for the person and others. When staff recognised concerns, incidents or near misses they were confident raising concerns and told us the home care manager encouraged them and supported them to do so.

Staff had been trained in relation to infection control and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene, whilst supporting people in their homes. We observed staff understood the importance of food safety and hygiene, when preparing or handling food.

Good

Is the service effective?

Our findings

During out last inspection in December 2016 we found that some people experienced inconsistent care from staff who did not know them or their needs. People living with dementia did not always experience care from staff who understood how to encourage and support them with their personal hygiene and nutritional requirements. The provider had failed to ensure that the care and support people experienced was appropriate and met people's needs at all times. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. Relatives of people living with dementia consistently told us that staff knew their loved one and how to support them effectively. One relative told us, "Regular staff have always done a great job but the weekends were a lottery. It's much better now. Obviously there are different carers on the weekend but they are more regular and know how to treat people with dementia." Another relative said, "The weekend staff are much better, they talk to [family member]and ask them what they want and when they offer do things they don't just accept the first answer they get."

Since the last inspection staff told us they had completed the provider's dementia care training, which records confirmed. Staff told us this had heightened their awareness to some people's fluctuating cognitive ability and enabled them to assess and provide the necessary level of support required at each visit, which we observed in practice. The home care manager told us they assessed staff competency in relation to dementia care when they completed observations of their care practice, which staff and records confirmed.

Feedback regarding the service was consistently good. Relatives spoke positively about the quality of care provided by staff who understood their family members needs and knew how they wished to be supported. One relative whose loved one lived with dementia told us, "The carers are first class and focus entirely on [family member]. As soon as they get here they go and speak to her straight away. They only speak to me once they have asked [family member] if it's ok." One person told us, "The girls [staff] are wonderful. Nothing's too much trouble for them but they don't let me get away with anything. They know what I can do and are always encouraging me to do as much as I can for myself."

Whilst people and relatives consistently made positive comments about the quality of care they received one person told us that one staff member caused them discomfort when they were supporting them to move and reposition. We informed the management team who immediately arranged for the staff member involved to attend the moving and positioning training being provided by an external company at the time of the inspection.

New staff told us their induction programme gave them the skills to support people, while the shadowing process built their confidence to carry out the role effectively. Records demonstrated that the home care manager had introduced the Care Certificate into the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. New staff told us they had regular support meetings with the management team during their

induction programme. These ensured they had received the appropriate training and preparation to enable them to support people in their homes.

Records showed that the provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, safe management of medicines, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. Staff had undertaken effective training to enable them to meet people's individual needs and the provider ensured staff maintained the skills acquired to support people effectively.

Staff told us that the face to face training they received was very good and consistently praised the provider's new external trainer. The business excellence manager completed staff knowledge checks to ensure they understood the computer based training offered by the provider. Where knowledge gaps had been identified these were dealt with during one to one sessions between the home care manager and individual staff. Any identified learning was then shared with the staff group during staff meetings.

At our inspection in December 2016 we identified that the registered manager did not operate a competency framework. At this inspection we found the home care manager had completed competency assessments of staff, through observed practice. This ensured staff had understood what they had learned and were able to apply their knowledge in practice whilst supporting people.

Minutes of staff meetings detailed topics covered to enhance staff care practice. For example, the business excellence manager had provided guidance to staff in relation to record keeping.

A common theme reported by staff was the improvement in the support provided by the management team. Staff consistently told us that they had received regular one to one supervisions with their supervisors and annual appraisals, which records confirmed. The registered manager and home care manager demonstrated the service' system for scheduling staff supervisions, spot checks and observed competency assessments.

Staff consistently told us the atmosphere within the office was now much more supportive and welcoming. Three staff members told us how the management team had provided compassionate and effective support at times when they were dealing with stressful personal issues. People received good care and support from staff who had been enabled to do so by managers who operated effective training, supervision and appraisal processes.

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.

Staff demonstrated a clear understanding of the principles of the MCA 2005 and described how they supported people to make decisions. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Staff supported people to make as many decisions about their care as they were able to. The home care manager and staff demonstrated clear understanding of best interest decision processes to be undertaken to support people assessed not to have capacity. People's care records identified where they had consented

to the care they received and where required those who had supported them with the decisions.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. Most people's meals were prepared or provided by family members. Where staff were responsible for preparing meals, people were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition.

Staff knew people well and monitored their health on a daily basis. Staff recognised changes in people's needs in a timely way, which they discussed with them and their families. Where appropriate staff promptly sought advice from relevant health professionals. We reviewed examples where staff had immediately sought advice from the management team when they had identified a change in people's needs, who then arranged support from relevant health professionals. For example, GP's, district nurses and occupational therapists in relation to concerns regarding potential infections, deteriorating mobility and skin care needs.

Good

Is the service caring?

Our findings

Staff had developed caring relationships with people and their families, who praised the kindness and quality of the care they received. One family member told us, "I cannot praise the carers highly enough. They are so kind and attentive and pick things up early so action can be taken quickly." Another relative told us, "If it wasn't for Maycare my [loved one] wouldn't be walking now."

Staff were caring and compassionate and treated people with respect at all times. Relatives said staff were warm and friendly and invested time to build trust and meaningful relationships with the people they supported. For example, staff engaged people in two way conversations about topics of general interest that did not just focus on the person's support needs. Staff spoke with fondness and affection when speaking about people. They were able to tell us about people's personal histories and their likes and dislikes, as well as their care and support needs.

People and relatives told us the staff were calm and unflustered whilst delivering their care, which inspired confidence and reassured them. People and their families consistently told us that regular staff always found time to have a chat with them and were never rushing to get to their next visit, which made them feel valued. A consistent theme in conversations with people was the improvement since our last inspection in the quality of care provided when regular staff were not available.

Relatives consistently praised the way staff also supported people's extended family during visits. One relative told us, "I will always be thankful to the carers for the wonderful care they provided but also for all of their help and advice about other support available and making sure I was alright if I was feeling down." People and their families were consistently treated with kindness and compassion in their day to day care.

Staff were highly motivated and dedicated to offer care that was kind and compassionate and were determined to overcome any obstacles to achieving this. Staff were flexible and were willing to change their hours, where necessary, to accommodate people's specific wishes. For example, regular staff had volunteered to attend a night time call at whatever time was required, to support one person when they returned from a family funeral. We noted this visit was completed much later than regularly scheduled visits.

Staff told us it was important to enable people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity, which we observed in practice. During one home visit we saw staff carefully support one person to move from their bedroom into the lounge, walking slowly with a frame. Staff encouraged the person to walk as far as they could, continually praising their achievement, before they became tired and transferred into their wheelchair.

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. The home

care manager told us staff planned care with people and focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. Staff knew about people's preferences and dislikes of the people they were supporting. Records confirmed that people were also involved in reviews of their care and any changes they wished to make to their care and support. People's care plans reflected how they wanted their care to be provided.

People said their privacy was respected and their dignity was promoted by staff because they were treated as individuals at all times. Staff were sensitive to people's cultural needs and took care to respect their home values, for example; removing their shoes when they arrived. Relatives told us staff discreetly supported people when required, to rearrange their dress to maintain their personal dignity. Relatives reported that staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn. People were able to choose the gender of the staff member who assisted them and could request a change of staff if they did not feel comfortable with a particular staff member.

We consistently observed staff taking their time with people, ensuring they did not rush or hurry them. Relatives consistently told us that staff treated people with dignity and respect in their day to day lives. Where people had limited verbal communication staff ensured they were provided with explanations and information in accordance with their support plans. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Relatives described how staff often used gentle touch where required to enable people to focus on what was being discussed.

Good

Is the service responsive?

Our findings

People received care which was focused on their needs rather than the requirements of the service. One person told us, "The girls [staff] are like my family and that's just how they treat me. They make me feel that my care is their main priority."

People receive personalised care that was responsive to their needs, for example; one person who had been in hospital in relation to a serious injury had become immobile. Their family told us how the support from Maycare staff had brought about an 'amazing transformation' in their ability to mobilise. A relative told us, "You wouldn't believe the difference. Within three days they [staff] no longer needed to use the hoist and within three weeks she was taking small steps." People experienced positive outcomes regarding their health and wellbeing because staff were focused on their individual needs.

We observed staff provided personalised care that met people's individual needs in accordance with their care plan. Staff consistently demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. One staff member told us, "Each person has their own needs and want things done their way so you have to get to know them really well give them the best care for them." Where required staff had developed an effective rapport with family members and one relative told us, "We all work really well together and know what each other is doing."

People told us the service had actively involved them in decision-making about their care. One person told us, "[The home care manager] is very good at finding out what care you need and how you want the carers to treat you." A relative told us how the needs assessment process had reassured them because of the way the home care manager had engaged with their loved one, whilst gathering all of the relevant information.

People said the service had involved others they wanted to support them with important decisions, such as their families or friends, which records confirmed. One independent person told us, "I know I can talk for myself but I like my [loved one] to be involved because we are in it together." People contributed to the assessment and planning of their care as much as they were able to. Relatives told us they were pleased with the way their family were involved in care planning and kept informed of any changes by the service. People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made. The home care manager emphasised the importance for staff to understand people's personal history, individual preferences, interests and aspirations. This was to enable staff to support people to have as much choice and control over their care as possible. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics. We reviewed one person's care plan which showed their individual religious beliefs, spiritual needs and preferences had been considered.

People experienced care and support that reflected their wishes and treated them as an individual. Staff got to know the person and the support they then provided was developed around their needs. Care plans were detailed and personalised to support the person's care and treatment.

Assessments of people's care needs were completed by the home care manager, who then developed a suitable plan of care. Care plans provided enough information to enable staff to provide appropriate personal care in a consistent and individualised way. For example; one person's care plan detailed how staff had to prepare one person's favourite coffee, which was the highlight of their morning. During a home visit this person proudly told us how they had shown their care staff how to make the perfect cup of coffee.

Care plans included clear directions to staff about the tasks they were required to complete and the way people wished to be supported, for example; their moving and repositioning needs. They also contained information about people's health conditions, their life history, preferences and any environmental risks in their home.

Where required, the provider had complied with the Accessible Information Standard by identifying, recording, and meeting the information and communication needs of people with a disability or sensory loss.

The service enabled people to carry out person-centred activities and encouraged them to maintain their employment, hobbies and interests. One person living with Multiple Sclerosis told us how staff support had been invaluable in promoting their independence, particularly supporting them at 5 am to prepare for their long journey to work. They told us the excellent support and encouragement provided by staff, together with the effective implementation of professional guidance had a significant impact on their physical health and mental wellbeing and had empowered them with a positive outlook on life. People were empowered to make choices and have as much control and independence as possible.

Staff promptly identified people's changing needs and where required arranged urgent referrals to relevant health professionals when, for example; people had developed an infection, required support in managing pressure areas or with urinary catheter care. Staff provided care that was consistent but flexible to meet people's changing needs.

People had a copy of the provider's complaints procedure in a format which met their needs, which we reviewed in people's care records during home visits. People and relatives confirmed the registered manager and management team had explained this procedure to them when they had their needs assessed. Staff understood the complaints procedure but endeavoured to deal with concerns before they escalated. For example, if people did not like particular staff members the coordinator would investigate the reasons and where necessary ensure the rota system prevented the identified staff member being scheduled to support that person. Where the concerns identified a training requirement for staff this was arranged immediately, which we observed in relation to a learning need identified during a home visit.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. During our last inspection the provider had not consistently responded to complaints effectively in accordance with their own policy. At this inspection people told us the management of complaints had improved because the management team were now listening and responding to concerns raised. People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to.

At the time of inspection the service was not supporting anyone with end of life care. However, we reviewed

letters from bereaved families thanking the registered manager and staff for the outstanding care provided to their loved one at the end of their life. Such testimonials, including an order of service, described the care provided to be outstanding, compassionate and understanding, whilst referring to the staff as loving and caring.

Good

Is the service well-led?

Our findings

At our last inspection the provider did not have a duty of candour policy in place to ensure the service acted in an open and transparent manner when people came to harm. The home care manager had responded to safety incidents in an open and honest fashion providing people and relatives with information verbally. However, they had not provided written information about such incidents, as required by the regulations.

At this inspection we found the business excellence manager had created a 'Duty of Candour' policy which provided staff with clear guidance to ensure people received the required information and an apology when things went wrong. The home care manager had also reviewed and amended the provider's statement of purpose. The provider's policies had been reviewed by the business excellence manager and updated to reflect changes in Health and Social Care Act legislation and guidance from The National Institute for Health and Care Excellence and other expert professional bodies.

At our last inspection there was a quality assurance process in place, but this was not always effective in monitoring and improving the quality and safety of the service. For example audits identified staff did not always stay for the full time of the allocated visit and some staff had been employed before required pre-employment checks had been made. At this inspection we found the management team were effectively monitoring the length of care visits and the business excellence manager had ensured all pre-employment checks had been completed before staff began to support people in their homes. The business excellence manager had reviewed all the staff pre- employment checks to ensure all relevant information was recorded to assure the provider they had implemented safe recruitment practices. The quality assurance process now ensured people received visits for the full time allocated and people were protected from the risk of receiving care from staff whose suitability had not been fully assessed.

People and relatives consistently told us the management of the service had improved significantly since our last inspection. One person told us, "Before, the organisation was a shambles and it was pot luck who was coming and when. Now you know who is coming, which is much more reassuring." People consistently told us the coordination of their visits and advance provision of their rotas had also improved, which they attributed to the coordinator and better communication in the office. One person told us, "When you phone up now things get done, people answering the phone are more attentive and make you feel your call is important, before they made you feel it was an imposition." A relative told us, "The office is much better. You now feel they are interested in your problems and want to help you." Another relative told us, "The out of hours service was never contactable, you left messages but no-one came back to you. You can now contact the service out of hours and somebody always speaks to you are phones you back quickly."

The provider placed people and their needs at the heart of the service by ensuring their dignity, independence and choices remained staff priorities at all times. The provider had adopted a clear set of values based upon caring about people, supporting and enabling them to live life to the full and delivering person centred care which met their needs. The registered manager and staff told us they were committed to putting people first, listening to their concerns, treating them with dignity and respect, promoting their independence and choice, and providing good quality consistent care.

Staff clearly understood the vision, values and culture of the service and were able to explain them. We observed there was an open, person centred culture and a commitment to providing good quality care and support. The home care manager and staff spoke with pride and passion about the people they cared for and their desire to provide the best possible care for them.

The home care manager effectively operated systems to identify when staff care practice was not meeting people's needs or putting people at risk. For example, records demonstrated staff had their competency checked quarterly in relation to the delivery of people's care. These checks covered all aspects of staff competency, including punctuality, safeguarding, moving and positioning practices, medicine administration, dignity and respect. People and staff told us the home manager often worked alongside staff on 'double ups', where two staff were required to support people safely. This afforded them the opportunity to informally assess staff competency, particularly in relation to moving and positioning people. The home care manager effectively operated systems to identify when staff care practice was not meeting people's needs or putting people at risk and took action improve staff competency and the quality of care people experienced.

The business excellence manager had completed comprehensive audits and analysis of people's daily records which identified areas for improvement, together with the required action. Minutes of staff meetings and supervision records demonstrated that necessary the learning from accidents and incidents was passed onto staff promptly. Staff consistently told us they received feedback from the registered manager and home care manager in a constructive and motivating way, which enabled them to know what action they needed to take. Staff told us the atmosphere in the office had changed, which now meant they regularly went in to see the management team.

People, relatives and care staff told us they had been asked for their feedback about the service and the provider had completed an annual satisfaction survey in August 2017. Whilst this feedback was consistently positive, the business excellence had completed analysis of the survey results and had produced a service improvement plan to drive the identified improvements required.

The coordinator ensured staff had time to provide people's care in the way they preferred by effectively scheduling travelling time between visits. Staff consistently told us, "[The coordinator] is really good and very approachable. The rotas are much better now so you aren't double booked and the runs make more sense."

The registered manager had invested time in their recruitment process to ensure they attracted and retained conscientious, dedicated staff, which provided continuity in the delivery of people's care. Staff told us one of the strengths, and major improvements in the service, was that all staff now appreciated the necessity and importance of reliability. The registered manager told us the staff were now very reliable so work was rarely returned and when it was staff volunteered readily to support their colleagues.

Staff told us the registered manager and home care manager were readily approachable and spent time with them individually to discuss areas of development and the individual support they required. One staff member told us, "The office has improved beyond recognition because the two managers are working as a team." Another staff member told us, "The company is now investing in staff for example better face to face training which makes you feel valued." At the time inspection both the registered manager and home care manager were in the process of completing an external management qualification relevant to their role.

The home care manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the

subject of praise, the management team ensured this was passed on to relevant staff in supervisions and staff meetings. Newsletters, memos and minutes of staff meetings highlighted and praised staff hard work and their willingness to go the extra mile. Staff told us the management team readily praised them when they had performed well and exceptional work was recognised. The registered manager promoted the link between people's positive experiences of their care and staff recognition.

The provider also recognised the value of their staff and fostered team spirit by other gestures such as providing pizza and doughnuts at training events. When staff were unwell and absent from work the provider kept in touch with them and the registered manager visited them in person.

The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. Staff had the opportunity to discuss concerns or ideas they had about the service or their own development during supervisions or informal meetings, which then formed the basis of action plans.

Where concerns had been raised the registered manager engaged with healthcare and safeguarding professionals in an open and transparent manner. This ensured concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on.