

Maycare Limited

Maycare

Inspection report

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Tel: 01256841040

Date of inspection visit:
17 January 2023
19 January 2023

Date of publication:
12 April 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Maycare is a domiciliary care service providing personal care and support to people in their own homes. At the time of our inspection there were 42 people using the service.

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

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

The provider had made some improvements to monitor people's care call visits and completed daily monitoring, however we could not be assured people consistently received support from two care staff where this was identified. Records showed people did not always get the visits as they were commissioned by the funding authority and which they were assessed as needing. We were not assured people always received the care and support they needed in ways which met their assessed needs and preferences.

The provider had implemented a system of auditing since the last inspection. The registered manager completed a daily audit which identified, for example, if there had been missed visits or medicines concerns. Weekly meetings were held between the registered manager and office management staff. However, the provider had not identified the concerns we found during this inspection.

The provider had improved the way they recruited new staff but needed to ensure their policy met the regulation.

People were supported with their medicines when necessary and the provider had improved their monitoring of missed medicines. Appropriate action had been taken in response to errors and the number of medicines issues had reduced. Staff had received training in administering medicines and most had their competency assessed by senior staff who had undertaken advanced training for medicines administration.

The provider raised safeguarding concerns with the local authority when these were identified. However, we identified one issue which the provider had not identified as a safeguarding concern. The provider subsequently notified the local authority.

Risk assessments identified when people needed the support of two staff. However, for one person the risk assessment had not been updated to show their care needs had changed and they needed the support of two staff. The provider had a system in place to assess people's needs before offering them a service.

We received mostly positive feedback from people, their relatives and staff about the service provided. The provider sought the views of people using the service through reviews both over the telephone and face to face. People were supported by staff who were trained and used personal protective equipment such as

disposable aprons and gloves, appropriately. Some people were assessed as needing support with fluids and meals and this was detailed in care plans. Records showed people consented to their care and support.

People told us they felt staff were kind when supporting them. People and their relatives told us they could make decisions about their care and staff respected their decisions. People and their relatives told us they felt their privacy and dignity was respected by care staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had care plans in place which detailed their care and support needs and preferences. The registered manager told us they ensured people were provided with information in ways they could understand. The provider had a complaints procedure in place and people told us they could complain and were happy with the response.

The provider had systems in place to investigate where things had gone wrong and took action to reduce the risk of this happening again. Staff and management liaised with other agencies and health and social care professionals when necessary. The provider had regularly engaged with the local authority adult services.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 25 August 2022).

At this inspection we found the provider remained in breach of regulations. Whilst the provider is no longer in breach of regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, not enough improvement had been made at this inspection and the provider remains in breach of regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected

This inspection was undertaken to follow up on action we told the provider to take at the last inspection. We conducted a comprehensive inspection to enable us to gain a view of the complete service as the previous inspection focused on the key questions Safe and Well-led.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Maycare on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to people not always receiving the care and support they need and the governance of the service at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Maycare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

Inspection activity started on 17 January 2023 and finished on 9 February 2023. We visited the location's office on 17 and 19 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

At the site visit we spoke with the registered manager and two office-based staff. We reviewed 12 people's care and medicines records, staff recruitment files and audits. After the site visit we spoke with 8 people, 5 relatives, 6 staff and 1 health and social care professional.

Is the service safe?

Our findings

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

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

Staffing and recruitment

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

During this inspection we found not enough improvement had been made at this inspection and the provider was still in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made some improvements to monitor people's care visits and completed daily monitoring, however we could not be assured people consistently received support from two care staff where this need was identified. For example, we reviewed call records for seven people and found multiple examples where only one staff member attended the call. We saw some records which showed a single staff member arrived after their colleague had completed the call and left.
- We asked people or their relatives whether two staff arrived to support them. Comments from people included, "No they were only sending 1 and I need 2. I had to complain and they are now regularly sending 2 carers", "I always have 2 carers, it is never just 1 turning up", and "It is always 2 carers who turn up and mostly together, generally 1 will start if the other hasn't turned up – but they don't use the hoist alone unless [my relative] is there to help. This happens about once every 2 weeks. The other one does eventually turn up."
- Relatives' views were mixed. They told us, "Occasionally there is just 1 during the day, I'm not sure if this is how it should be", "Occasionally only one will come, but very few times", "Yes, 2 carers arrive together, I am very happy with them" and "Yes, [my relative] has 2 carers, and they always arrive together – often in the same car."
- Sometimes, when a single care worker went to the person's home alone, instead of with a colleague, they would engage the assistance of a family member. The provider could not evidence the family member was suitably trained and competent. If the relative was not appropriately trained and skilled, this may put the person, family member and staff member at risk of harm.
- Most staff who worked with a colleague to support people using a hoist told us the system of 2 staff worked well.
- Records showed people did not always get the visits as they were commissioned by the funding authority and which they were assessed as needing. Some calls with two staff lasted as little as 9 minutes and should have been 30 minutes.

- However, people and relatives we spoke with were positive about the time staff spent with them. Comments from people included, "[Staff] stay with me for half an hour", "[Staff] stay for 45 mins, they do everything they need to do, [my relative] helps with the rest", "[Staff] do everything they need to do and do mostly stay for the time", "It varies depending on what help I need, they do everything I need them to do and I am not rushed", "[Staff] stay for half an hour and they do everything I need to be done" and "Yes, they stay for the half hour and do everything I need them to do, sometimes I say they can go early."
- Relatives told us, "[Staff] do what they need to do, and I am happy with how long they are staying, they always stay for the full half hour" and "[Staff] do everything they need to do, it can be anything from an hour to an hour and a half. They don't rush my partner."
- Staff gave us mixed feedback about how long they stayed with each person. Comments included, "It depends really, in the morning and evening people get the time but on the lunch call if they have family they say, 'we don't need it'. At the end of [the recording system] there's a summary and you would say the reason you're leaving, for example, they were happy for you to leave. The minimum call time is 30 mins and people get that most of the time", "We leave early if family come in or if there is no care left to do and they're watching television. If they need us to stay longer we would. We make sure absolutely everything is done, I have a good relationship with people."
- One staff member told us there was no travel time built into the rota which meant they could not stay the full time otherwise they would be late to calls. They confirmed personal care was provided but some other tasks were not done, such as tidying up and that people felt rushed. They said, "We tend to move calls around, some people don't want the time on the rota, so I move it. I sometimes run late or leave a call early if everything is done, for example, a commode toilet stop, might only take 15 mins and they say you might as well go. Other people might only need food and tidy up, which takes 20 to 25 mins. I always ask if they want anything else."
- Another staff member also said there was not any travel time built into the rota. They told us, "Some [people] want you to go early, so you do make up time. We normally do stay the time but some people want you to go. We don't rush people. [Office staff] used to get onto us to stay the [whole] time so we do it now." However, they also told us about one person they visited in the morning. They said, "It is a half hour call which usually takes 15 minutes, but can take an hour."
- Overall, we were not assured people always received the care and support they needed in ways which met their assessed needs and preferences.

The failure to ensure staff were deployed to provide care and treatment which consistently met people's needs is a continued breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us some people were supported by staff visits in addition to those scheduled if required. Examples included responding to a person who had spilt a drink in their bed and supporting a person who had fallen out of bed during the night.
- When staff visit people, they use a computer system to log in and out of people's homes. The logging in and out results in the time duration of the visit being recorded. On the last inspection we found staff were often logging in and out several kilometres away from people's homes. At this inspection records had generally improved regarding how far away from people's homes staff logged in and out of visits. Where there were discrepancies, this was explained by technology issues, such as a lack of internet access. The registered manager had monitored the issue and spoken with staff where necessary.
- Most people said they were told when staff were running late. One person told us, "Yes they do ring if they are going to be late, but it is not often and doesn't really cause me an issue" and a relative said, "They ring if they are going to be really late, but it doesn't happen often."

At our last 2 inspections we found the provider had failed to ensure a robust recruitment procedure was in place. This was a breach regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager told us they had recruited 1 staff member since the last inspection. We found the provider had sought the correct information for this staff member. The checks included completing 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.
- The provider's policy did not meet the requirements of the regulation. The provider had not fully understood the requirements of the regulation regarding all recruitment checks which should be undertaken. We brought this to the attention of the registered manager. We found no evidence during this inspection that people were at risk of harm from this concern.

Using medicines safely

At our last inspection we found there was a failure to ensure people received medicines safely and as prescribed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvement had been made and the provider was no longer in breach of this regulation.

- Where people were supported with their prescribed medicines, records of administration were usually completed by staff. We found there were some gaps in the recording. These gaps had mostly been identified and addressed through auditing. Sometimes the medicines had been recorded somewhere different to the medicines records, sometimes there had been technical issues in recording. The gaps mostly applied to topical creams.
- The provider had improved their use of the computer alert system which informed the allocated staff if a person had not taken their medicine. The alerts were followed up, for example, the registered manager would telephone the relevant staff member for further information. A record was also kept and audited regarding any missed medicines and to ensure the appropriate action was taken.
- We were assured staff were competent in administering medicines. A relative told us, "They give [person's name] all her medication, they know what they are doing." Staff had received training in administering medicines and most had their competency assessed by senior staff who had undertaken advanced training for medicines administration.

Systems and processes to safeguard people from the risk of abuse

- The provider raised safeguarding concerns with the local authority when these were identified. However, we identified one issue which the provider had not identified to be a safeguarding concern. The provider subsequently notified the local authority.
- There were policies and procedures in place designed to protect people from the risk of harm and abuse. The policy had been reviewed since the last inspection.
- Records showed staff had received training in safeguarding adults. Staff had been sent the new safeguarding policy and there was a plan in place to discuss the policy at the next team meeting.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment effectively and safely. This included disposable aprons and gloves.
- The provider was working within the national guidelines with regard to Covid-19. This meant staff did not need to routinely wear face masks although some preferred to continue wearing them. Some people also preferred staff to wear masks and staff complied with this preference.
- Staff told us personal protective equipment was readily available.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

- Risk assessments identified when people needed the support of two staff. However, for one person the risk assessment had not been updated to show their care needs had changed and they needed the support of two staff.
- Risk assessments also identified other risks, for example, where people needed support with moving around their home or personal care such as bathing.
- An environmental risk assessment was completed to identify any risks to the person or staff from their home environment, for example, rugs on the floor.

Learning lessons when things go wrong

- The provider had systems in place to investigate where things had gone wrong and took action to reduce the risk of this happening again.
- The registered manager gave us some examples of recent action which had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had a system in place to assess people's needs before offering them a service. The registered manager told us a named staff member would visit the person to understand what care and support they needed. The assessment would include risk assessments and gaining consent to care.
- People's assessed needs and preferences were used to form the person's care plan.

Staff support: induction, training, skills and experience

- The provider had a training programme in place to support staff in their work. This included safeguarding, moving and handling, medicines and infection control.
- Staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Comments from staff included, "We go into the office and regularly do training online or face to face and one staff member will show us the equipment to use. Overall I'm happy with the training and there are no issues", "We recently did [moving and handling training] in the office and get ourselves into a hoist so we know how it feels for our clients" and "It is good to be refreshed [with training]."
- One staff member told us they were asked to support a new person with a specific healthcare need. They told us they asked for extra training which they received.
- Staff were supported through supervision and annual appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people were assessed as needing support with fluids and meals and this was detailed in care plans.
- People confirmed staff assisted them with food and drink. Comments included, "Oh yes, they do my breakfast, dinner and tea, no problems at all", "Yes that is going well, they make me two cups of tea and leave a bottle of water at lunchtime and evening", "They have done, yes, they will heat a meal up for me if I need it", "They prepare and give me my breakfast, they put one of my [name of brand] meals in the microwave and make me a sandwich for my tea" and "They have offered but I want to do as much as I can myself."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff and management liaised with other agencies and health and social care professionals when necessary.
- The provider told us they had good links with district nurses.

- We saw records detailing communication between the service and a mental health professional, concerns were shared and the service sourced care staff the person liked.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Records showed people consented to their care and support.
- The registered manager told us they were mindful of capacity to consent through the assessment process, for example, if there was a Power of Attorney in place. They would also ensure the right level of paperwork was in place if someone else was making decisions on a person's behalf. They were also aware of the local authority tool kit they could use to assess capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt staff were kind when supporting them. Comments included, "They talk to [my relative] about everyday things and they are very caring" and "Yes, they are very kind and help me with everything." Comments from relatives included, "They are kind, they really are good and [my relative] likes them" and "They most certainly are kind and caring, they are superb."
- Staff spoke about people in a caring way. One staff member told us they enjoyed supporting people because they wanted, "to help people." Another staff member told us, "I enjoy working [with people], I've known them a long time."
- During the inspection, we heard the registered manager talking to two people. They identified one person may not be feeling well and showed empathy to them both regarding what was happening in their lives.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they could make decisions about their care and staff respected their decisions.
- Comments from people included, "Oh yes, they do everything they need to do", "Yes, I make the decisions and they help me", "They listen to me", "I can get hold of them and discuss it with them" and "One [staff member] came in this morning and did all the dishes and I appreciated that."
- A relative told us, "I have never needed any changes, we are very easy going and very happy with what is going on. If I wanted a change I am sure they would."
- A staff member told us, "I enjoy my job because I see the same people, I get a bit of a relationship and I get close with them."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they felt their privacy and dignity was respected by care staff.
- Comments from people included, "Yes, of course [my dignity is respected], they are excellent, I couldn't fault them", "They always pull the curtains [when supporting me with personal care]" and "They only help me reach my feet, but they are always thoughtful and help me get my stockings on and off." A relative told us, "They really know what they are doing."
- One staff member told us, "I always ensure people are comfortable, covered up and [support them] how they want, [personal care] is a private thing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which detailed their care and support needs and their preferences.
- Care plans were held on the computer system which meant staff could access people's care plans when they were in people's homes. Some people we spoke to said they had seen a paper copy of their care plan. Comments included, "yes and I have a copy in the room", "I have seen it and am happy with it", "I agreed [the care plan] and could change it if I needed to" and "I have a new [care plan] coming and I have been involved in the recent review."
- However, three people told us they had not seen a care plan and were not sure what it was. We spoke to the management team about this and they told us not everyone had a copy in their home. They had offered people a copy of their care plan but some people had declined. Going forward, the provider told us they intended to provide a copy straight away.
- A health and social care professional told us, "[The registered manager] is happy to send over the care plans and risk assessments for the service users in a timely manner when asked. She is always happy to discuss the service user's needs and make any changes to the care plan to reflect their needs following hospital discharge if anything has changed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us they ensured people were provided with information in ways they could understand. This included larger print, clear explanation, involving family and social workers. They also said they ensured people were supported by family when they visited to review their care plans.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People told us they could complain and they were happy with the response. One person told us they had complained about a named staff member and "They stopped them coming to see me." Other comments included, "I made a complaint and the office dealt with the issue" and "[We said] there were a couple of [staff] we didn't want back and we have complained about carers not turning up. The office always respond well."

- The provider maintained a log detailing complaints and what action was taken. Records showed people's complaints were investigated and addressed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last three inspections, we found the provider had failed to operate effective quality systems. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had implemented a system of auditing since the last inspection. The registered manager completed a daily audit which identified, for example, if there had been and missed visits or medicines concerns. Weekly meetings were held between the registered manager and office management staff. These meetings reviewed and monitored aspects of running the business, such as whose care needs had changed, staff recruitment and training.
- However, although the new audits had contributed to the improvements made, the provider had not identified the concerns we found during this inspection.
- The registered manager did not have effective systems in place to oversee staff allocation and ensure two staff supported people when they were assessed as needing this level of care.
- We were not assured through monitoring and auditing that people always received the full time they needed or were commissioned to receive.
- The registered manager was not clear of the need to notify us of safeguarding referrals and one safeguarding concern had not been identified as such.

The failure to ensure systems and processes were in place to enable the registered person to effectively assess, monitor and improve the quality and safety of the service provided is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw evidence which showed action had been taken to improve our concerns around time keeping and recording. Medicines alerts were recorded and audited which had resulted in improvements in medicines administration.
- Providers are required to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The provider had temporarily not notified the commission of all the safeguarding alerts which had been raised with or by the local authority. We were told this had been due to a misunderstanding of the legislation and following the inspection, we received the notifications

retrospectively. The provider subsequently notified us of new safeguarding concerns straight away.

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

- Since the last inspection, the provider had improved the service offered to people. We received positive feedback from people and their relatives.
- People told us about their experience of contacting the office. They said, "Yes [I can contact them] and they are very helpful", "They are very helpful and do well to understand me", "Out of hours it just goes to voicemail sometimes and often they don't get back to you [but] if I wasn't happy with Maycare I wouldn't have been with them for so long", "Someone answers the phone or I leave a message and they call me back. They sort things out for me" "[I have] no issues contacting the office and they are always helpful."
- Comments from relatives included, "I have their number and they are helpful" and "Absolutely [I can speak to them] and the two ladies in charge are excellent."
- Staff told us they felt supported by management. One staff member told us, "[Management] are really supportive, they treated me like I'm important to the company. They give me feedback and praise."
- Other comments included, "I very much feel supported. I have worked here a long time I have a good relationship, there's a really good team you can see things changing, things getting done better and quicker to make this work" and "I find [management] good, if I ever worry I just ring and they always help me."
- Staff also told us they felt supported by the office staff. One told us, "Things have got better in the office, they're all helpful. If we miss something, the office phone you. Spot checks are done and they make sure you keep up with training."
- Other comments included, "I have never had an issue with the office but they really do make an effort now, they are really putting their bit in and everything is running well. The office take things [I report] seriously" and "[If I need to contact the office] they pick up the phone or call me back. [Named staff member] is organised and amazing. [The registered manager] is a really good manager and listens to me."

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

- The provider had a policy in place which detailed the need to be open and transparent, as well as the steps to follow, such as notifying the person and relative, providing support, following up in writing and including an apology.
- The registered manager told us there had been not been any recent incidents which required the policy to be followed.

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

- The provider sought the views of people using the service through reviews both over the telephone and face to face. Reviews asked the person to comment on times of visits, whether staff were professional and wearing correct uniform, carried out tasks as detailed in the care plan and any changes in medicines. People were also asked if they knew how to raise a concern and were there any other comments they would like to make. This system of seeking feedback had been in place since November 2022. Any issues raised during the review process were followed up and action was taken to address the issues.
- Staff views were sought through staff meetings and appraisals.

Continuous learning and improving care

- The provider had sent out a quality assurance questionnaire in September 2022. They received 15 completed forms and most people were satisfied. There were 2 people who raised concerns about timekeeping of staff and these were followed up with a telephone call to discuss further.

- Where positive feedback was received for staff this was shared with them.

Working in partnership with others

- The provider had regularly engaged with the local authority adult services. The registered manager said they felt the interaction was supportive and they appreciated the network of people and points of contact.
- A health and social care professional told us, "When speaking to [the registered manager], I have always found her helpful and polite. She is always able and willing to assist and restarts the care packages very quickly. Any concerns will be discussed and problems solved prior to the service user being discharged from hospital. I always speak with the service user prior to discharge to check they are happy for the care to be restarted with Maycare. The times of care calls is raised by service users from time to time and I call [the registered manager] to see if we can find a solution to resolve this."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider failed to ensure staff were deployed to provide care and treatment which consistently met people's needs.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes were in place to enable the registered person to effectively assess, monitor and improve the quality and safety of the service.