

Makai Care Limited

# Makai Care Limited

## 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

This inspection took place on 4 March 2016. This was an announced inspection as Makai Care Limited is a small domiciliary care service and we needed to be sure someone would be at the office.

At the last inspection on 27 April and 7 May 2015 we asked the provider to take action to make improvements in recruiting staff safely, ensuring decisions were made for people in their best interest and by people who had the legal right to do so, maintaining accurate records and monitoring the quality of the service. The provider sent us an action plan and told us they would meet the relevant requirements by 31 August 2015. These actions have been completed.

At the time of the inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Recruitment procedures were effective and helped to ensure people were cared for by suitable staff. Staff received training to ensure they had the skills to care for people safely and effectively. People received their medicines when they required them and there was a system to manage medicines safely.

People and their relatives were happy with the service they received from Makai Care Limited. They told us they felt safe using the service. Risks to people and staff were assessed and monitored. Staff were knowledgeable and showed awareness of how to keep people safe. They understood the policies and procedures used to safeguard people.

People's right to make decisions was protected. People and where appropriate their relatives and other professionals had been involved in making decisions about their care. Staff understood their responsibilities in relation to gaining consent before providing support and care.

People were treated with kindness, dignity and respect and they were supported to remain as independent as they wished.

Staff were kept up to date with information concerning people or changes to their care. Staff contacted healthcare professionals to seek advice when concerns were identified regarding a person's well-being. People were supported to have enough to eat and drink when this was part of their identified care needs.

There was an open culture in the service. Staff felt comfortable to approach the registered manager for advice and guidance. Staff were well supported through regular meetings with their manager and training. They said they were listened to and were confident action would be taken promptly to manage any concerns raised.

The registered manager kept records relating to the management of the service which were fit for purpose.

Regular feedback was obtained from people using the service. The registered manager monitored the service through a system of audits and used these to improve the quality and safety of the service. A complaints policy was available and people were aware of it. No complaints had been received in the last year.

## 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.

Recruitment procedures were followed effectively and information required by law was held for staff members.

Risks were assessed and monitored. There were sufficient staff to meet people's needs.

Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements.

People received their medicines safely and when they required them.

### Is the service effective?

Good ●

The service was effective.

People's right to make decisions was protected. The service ensured decisions were made by those who had a legal right to do so and were made in people's best interests. Staff understood their responsibilities in relation to gaining consent before providing support and care.

Staff were well supported and had the skills necessary to deliver care to a good standard.

Staff contacted healthcare professionals when necessary to seek advice regarding people's well-being.

### Is the service caring?

Good ●

The service was caring.

People received kind and compassionate care from staff who knew them well.

People's right to privacy and dignity was maintained and they were treated with respect.

People were encouraged and supported to be as independent as they wished to be.

### **Is the service responsive?**

The service was responsive.

People had their needs assessed and were involved in planning their care.

Care plans reflected people's individual and personal preferences.

People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

**Good** ●

### **Is the service well-led?**

The service was well led.

There was a system available for the registered manager to assess, monitor and improve the quality and safety of the service.

Records were maintained to show that staff had received support from the registered manager, reviews of care had taken place and audits had been conducted.

There was an open culture in the service and the staff team worked well together supported by the registered manager.

**Good** ●

# Makai Care Limited

## **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.

This inspection took place on 4 March 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. No notifications had been received from the service. A notification is information about important events which the service is required to tell us about by law. We read previous inspection reports and we requested feedback from the local authority. They had not conducted a visit since the last inspection and there were no safeguarding issues.

During the inspection we spoke with two people who use the service, two relatives and two members of staff including the registered manager. We looked at records relating to the management of the service. These included three people's care plans and associated risk assessments, three staff files and recruitment records for the two staff most recently recruited. We also reviewed training records, policies, the complaints and compliments log and the accident/incident log.

## Is the service safe?

### Our findings

At a previous inspection on 27 April and 7 May 2015 the provider was not meeting the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed. The registered person did not operate recruitment procedures effectively to ensure persons employed were of good character and able by reason of health to perform the work for which they are employed. They did not have all information specified in schedule 3 available. The provider sent us an action plan on 20 July 2015 describing how they were going to make improvements to meet the requirements by 31 August 2015. At this inspection the provider had met the requirements of the regulation.

The provider followed effective recruitment procedures. Checks had been carried out to establish an applicant's identity and references had been sought to enquire about their conduct in previous employment. References had been verified and checked by the provider. An enhanced disclosure and barring service (DBS) criminal record check had been obtained to ensure applicants had no convictions which prevented them from working with vulnerable people. Recent photographic identification and a declaration of physical and mental health were present in the staff recruitment files. Employment history had been recorded and any gaps in employment had been explored and documented.

People and their relatives told us they felt safe using the service, One person said, "I feel comfortable with them all." A relative said, "Good gracious yes, totally safe. They were there when [name] came out of hospital and have been there for [name] ever since." Another commented "Oh yes, very safe, we are really happy, as soon as there is a problem, they sort it out, we have no worries. [name] is in safe hands."

Staff had received training in safeguarding vulnerable adults. They were able to describe different types of abuse and signs that may indicate a person had suffered abuse. They were clear on how they would report it and one commented, "Yes I would definitely report abuse of any kind and sharp[ish]." A whistleblowing policy was in place which staff were aware of. They told us they would be happy to use it if they felt it was necessary.

People's individual risks were assessed. For example those related to moving and positioning, development of pressure sores and management of medicines. The home environment was also assessed and any risks identified were noted and staff made aware of them. The registered manager discussed risks with the staff team and updated them regularly on any changes. Staff confirmed any change to risk was communicated to them promptly in order that they could take appropriate action to deliver safe care. Staff checked for risks and reported anything that concerned them. One staff member said, "I identify hazards and report the risks that may cause harm."

There was a system to record accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred. There had been no accidents since the last inspection.

There were sufficient staff to provide safe care. People and their relatives consistently told us they received their care visits on time. A relative said, "They arrive on time and always stay the full amount of time they are

supposed to." An on-call system was operated by the service and staff told us they were always able to contact the registered manager or senior staff for advice if necessary.

People were supported to manage their medicines safely. The support people required with medicines was assessed and documented in their care plan. People told us they received their medicines on time and when they needed them. The provider had a medicines policy which gave guidance on safe management of medicines. Staff had received medicines training and their competency was checked during spot checks carried out by the registered manager.



## Is the service effective?

### Our findings

At a previous inspection on 27 April and 7 May 2015 the provider was not meeting the requirements of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent. The registered person did not protect people's right to consent. They had not ensured decisions were made for people by those who had the legal right to so. The provider sent us an action plan on 20 July 2015 describing how they had made improvements to meet the requirements. At this inspection the provider had met the requirements of the regulation.

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. 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.

We checked whether the service was working within the principles of the MCA. The registered manager and staff had received training in the MCA and were able to demonstrate an understanding of how it applied to the people using the service. People had signed to give consent to their care plan whenever possible. When people were unable to consent due to a lack of mental capacity, people's families and other representatives had been consulted to ensure decisions were made in people's best interests. People told us staff sought their consent before providing care.

Staff knew people well. They had the knowledge and skills required to provide care effectively. People and their relatives had confidence in the staff that visited them and told us staff were well trained. One commented, "Very well trained, very competent and very caring." Staff received induction training when they began work. This included mandatory topics such as moving and handling, health and safety and safeguarding vulnerable adults. The provider confirmed the care certificate standards (the new minimum standards that should be covered as part of induction training of new care workers) were now being used. As well as new staff undertaking this course the registered manager was encouraging all staff to do so in order to update their knowledge. Refresher training was also provided and a system was in place to indicate when training was due.

New staff worked alongside more experienced staff before working independently with people. The registered manager worked frequently with staff and observed the quality of their work. One relative told us the registered manager visits very regularly and, "Checks everything is being done properly."

Staff felt well supported, they had regular meetings to discuss their work and plan their development. One said they usually met with their manager three monthly and added, "The manager said if we need one to one she will be available to do the meeting anytime, we don't have to wait for three months." Staff confirmed spot checks took place and one said, "Since I started in June (2015) I have had two spot checks." Spot checks are used to monitor the quality of care provided by individual staff.

Although healthcare appointments were generally made by people or their relatives staff sought medical advice and assistance for people when necessary. For example, care records showed a GP had been called when a person was unwell and a relative said, "They got the doctor and rang us when [name] had had a fall."

People were supported with their diet when it was part of the care plan. Where staff had concerns about a person losing weight, they sought professional advice, monitored their well-being and supported people to maintain a healthy weight.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring. A person using the service said, "They are polite, caring and helpful. They help with any problems I have." One relative told us, "They are wonderful, a lovely lot of people and very respectful in every way." While another praised the registered manager and told us she had a particularly good relationship with their relative who found communication difficult. They said, "She spends time with [name], she knows her well." They went on to explain they knew their relative liked the care staff as it was evident in their facial expressions.

People told us the care staff were reliable and did everything they expected of them, one said, "They go over and above, they're all very helpful." Relatives also commented on how staff would, "Do everything they can. If it's not in their remit they will find out if they can do it and if at all possible they will." Another relative told us their family member enjoyed a laugh with the care staff and said, "They leave her in good humour for the day."

People were visited by a small consistent team of care staff. Staff knew people well and the registered manager felt they were able to do this because the service was small. People and relatives also commented on how well staff had got to know them and said this was valued immensely. People and relatives were involved in making decisions and planning care. They told us the registered manager had visited before the care started to find out what they wanted from the service.

People were shown respect and their privacy and dignity were protected. Staff had received training in respecting people's dignity and they gave examples of how they did this when supporting people. For example, making sure people were covered appropriately during personal care and closing doors and curtains. People and their relatives confirmed staff treated them with respect, one person said, "Yes definitely" and a relative commented, "Yes, absolutely, nothing is rushed and everything is left neat and tidy."

Staff supported people to maintain their independence and one said, "I let them do as much as they can for themselves." Staff were also clear on respecting the way people liked things done and commented, "I treat them as an individual and respect their views. We have to respect the way a person wants something to be done."

## Is the service responsive?

### Our findings

The registered manager told us they visited people to complete an assessment before starting to care for them. This was to ensure they could provide the appropriate care and to find out about their personal preferences and needs. This assessment then fed into the person's care plan which detailed how the care was to be provided and gave guidance for staff to follow. Each visit to a person was documented individually and had clear directions on the care required. People had their care reviewed annually or when their needs changed. People told us they were contacted by the registered manager to monitor if their needs were being met and to identify any changes that may necessitate a review of their care plan.

People always received their visits and they were mostly on time. We were told staff would usually let people know if they were going to be late or if a staff member could not attend a visit. In the case of sickness or an emergency the registered manager sent another member of staff and informed the person of the change.

There was a complaints policy which was available to people. People knew how to make a complaint and raise concerns. People and their relatives said they would feel comfortable making a complaint if it was necessary but told us they had not needed to complain. One person said, "Everything is OK, I don't think anything needs to change." A relative said, "I know I can talk to [name] but we have not needed to complain." They added, "I rate them very highly, they are excellent, I think we are very lucky." The complaints log showed no complaints had been received in the last year.

The registered manager visited people regularly and was able to ask for feedback on the service. In addition a survey questionnaire had been sent in May 2015 and a good response rate had been received. People had reported they were satisfied with the service they received. Comments talked about, "High standards," "Polite staff," "Well trained staff" and "Efficiency."

Staff received up to date information about people via the telephone, text message or in written care notes. Important information was shared promptly and staff felt they were kept up to date. This helped to ensure they provided responsive care to people.

## Is the service well-led?

### Our findings

At a previous inspection on 27 April and 7 May 2015 the provider was not meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The registered person did not have systems or processes to assess, monitor and improve the quality of the service. They did not maintain accurate and complete records in respect of each service user. They did not maintain other records as are necessary in relation to persons employed or the management of the regulated activity. The provider sent us an action plan on 20 July 2015 describing how they were going to make improvements to meet the requirements by 31 July 2015. At this inspection the provider had met the requirements of the regulation.

The provider had a system in place to assess, monitor and improve the quality and safety of the services provided. A computerised system had been installed which recorded such events as service user review dates, staff training, one to one meetings and appraisals and flagged up when they were next due. The registered manager and relevant staff had received training to enable them to use the system effectively to monitor the service.

In addition to using this, the registered manager carried out an auditing process to look at the quality of the service. The audits included aspects such as risk assessment, care documentation, service user involvement and surveys. They had carried out an audit in September 2015 and were undertaking a further one at the time of the inspection. The registered manager had identified areas for improvement from the auditing process. For example, they had identified a shortfall in the recording of risk assessments and had sought support from a reputable company with regard to risk assessment paperwork. Following the inspection they sent us an example of how they were using the new paperwork to record risk assessments and the measures taken to reduce those risks.

Accurate and complete records for each person using the service were kept. They contained details of people's individual needs and preferences and provided guidance for staff. Records of individual meetings with staff and spot checks were kept on staff files. All records were kept locked in the registered manager's office to maintain confidentiality.

Staff had opportunities to say how the service could be improved and raise any concerns they had. They felt they were listened to, one commented, "Yes they do support and listen, if we don't agree we normally discuss this during staff meetings, we look at what is best for the service user." Staff meetings were held regularly, topics discussed included training, quality of the service and the importance of one to one meetings for staff. Staff had also completed a questionnaire to provide feedback on the service. Responses were positive and there was a great deal of support for the service to expand and grow. Comments from staff included, "I feel supported," "Good team" and " We work together."

There was an open culture at the service and the registered manager encouraged staff to go to her for advice and support whenever they needed to. Staff were happy to do this and one told us, "I will go to [name] for any concerns, she has encouraged us to talk if there is something, so we can find a solution or take

appropriate actions." Staff said they worked well together. One staff member commented, "We have a very good team, we support each other when we have issues (such as) covering shifts, transport."

People and their relatives praised the registered manager, they told us she visited regularly and checked they were happy with the service. One relative told us she had worked hard to get to know their family member well and worked alongside the staff to deliver a good service. One person told us, "I'd thoroughly recommend them to anyone" and a relative commented, "Oh yes, well led, I tell them we are happy with the service when I speak to them on the phone."