MAK Community Care Limited

MAK Community Care

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?	Requires Improvement

Summary of findings

Overall summary

About the service
MAK Community Care is both a domiciliary care and supported living service providing personal care to people in their own homes, including younger adults with a mental health condition, learning disability or autistic people. Not everyone using the service received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection visit the service supported two people with personal care. People who received personal care lived in the Preston and Lincoln areas, although the office operates from Wokingham. The provider has applied to us to add another location in the north of England.

People's experience of using this service and what we found
There were audits completed to check the safety and quality of the service. However, there was no log of risks or actions taken to address them. Some documentation required review, such as those related to management meetings, outcomes and actions to be taken forward. Staff meetings were held at regular intervals and surveys were used to gather feedback. The manager was experienced and understood the principles of supported living. Locality managers at Lincoln and Preston were proactive, knowledgeable and engaged.

People were protected from abuse and neglect. Risk assessments were satisfactory. There were sufficient staff deployed to safely meet people's needs. Recruitment checks were satisfactory and ensured only properly vetted staff worked with people. People were protected from the risk of infections.

People's likes, dislikes and preferences were considered. Staff induction, training, supervisions and performance appraisals were completed. There were good links with community health and social care workers. Consent is obtained and recorded; the provider needed to ensure that attorneys and deputies were clearly recorded in the care documentation.

The staff were caring. There was positive feedback from people, families, commissioners and case managers. People were involved in their care planning and reviews. People's independence was encouraged and fostered.

Care documentation was person-centred. The service and staff understood and complied with the requirements of the Accessible Information Standard. There was evidence that people had access to an active social life. There was a satisfactory complaints system in place.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, Right Care, Right Culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. The model of care was satisfactory because it ensured that people could live their lives how they chose and as an individual member of society. People had choice and control in their life. The care was person-centred and promoted people's dignity, privacy and human rights. The positive workplace culture amongst staff ensured that people received good care. The service was open and honest with people, families and social care professionals.

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

Rating at last inspection
This service was registered with us on 13 December 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of initial registration.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
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**

MAK Community Care

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector, a specialist advisor 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, flats and specialist housing. This service can also provide care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with CQC. This means that the provider was legally responsible for how the service was run and for the quality and safety of the care provided. At the time of inspection, we had received an application for a person to register as the manager, and it was being processed by our registration team.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2021 and ended on 01 September 2021. We visited the office location on 24 August 2021.

What we did before the inspection
We reviewed information we held and had received about the service since the initial registration. We sought feedback from the local authority, safeguarding team and other professionals who worked with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the nominated individual to send some documents in advance of visiting the service's office. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with two people and four relatives about their experience of the care and support. We spoke with the nominated individual about their oversight of the service. We spoke with the nominated individual and manager. We also spoke with two locality managers, a regional manager and the business development manager. We wrote to seven care workers. We received written feedback from two social workers and two local authority commissioning teams. We reviewed a range of records. This included two people's care records and medicines administration records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We requested and received quality assurance and other governance records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People were supported by staff who kept them safe during personal care.
- There was an appropriate policy in place for safeguarding adults at risk of abuse, and a whistle-blowing procedure for staff to use.
- Staff received training in protection of vulnerable adults. This included e-learning and practical training. They knew how to ensure people were not subject to discrimination, abuse or neglect.
- People said, "Yes, I am safe. They [staff] are brilliant" and "Yes, [staff are] safe and kind."
- Family members stated, "We know the two men who started the company as they had previously worked with [the person] at another support service. I jumped at the chance for them to work with [the person] when they started MAK Community Care. I feel [the person] is safe there with them…absolutely" and "MAK have been good at supporting [the person]."

Assessing risk, safety monitoring and management
- People's risks were assessed, documented and mitigated to ensure their safety.
- Risks assessed covered a variety of areas such as personal safety, accessing the community, personal care such as washing and dressing, and using the kitchen to prepare food or drinks.
- Risk assessments were tailored to each person's needs. They were reviewed regularly by staff and updated when necessary.

Staffing and recruitment
- Sufficient staff were deployed to safely meet people's individual needs.
- The managers explained how they calculated the number of staff required for each person. They took into account the person's needs, their level of independence and how much support was needed to ensure safe care. They explained staffing challenges they experienced during COVID-19 and the strategies they used to ensure safe staffing.
- The staff used information from people's commissioners, social workers and healthcare professionals to help determine how much support people required. People also had a say in how staff would support them.
- Relatives stated, "[The person] tends to have the same team of people. There has been some shortage of staff but I believe they are trying to recruit new staff at the moment. [The person] needs consistency and there has been lots of uncertainty over shift coverage sometimes…but [the person] still sees the [staff they] know" and "[The person] sees familiar faces. Good relationships have been built up. They have a good working relationship between [the person]…the staff and his parents."
- The provider had a satisfactory recruitment process and followed required employment processes. Criminal history checks were carried out with the Disclosure and Barring Service, prior proof of conduct was

obtained and the provider checked staff members' identity and right to work in the UK.
● We signposted the manager and nominated individual to our guidance about safe recruitment, so they could further develop their approach.

Using medicines safely
● People were supported with their medicines as needed by staff that were appropriately trained. Not everyone required assistance with their medicines.
● Staff completed e-learning and face-to-face training in medicines management. They were required to complete a medicines competency to ensure they were able to safely support people with their medicines.
● A medicines management policy was in place. There was a suitable process for reporting medicines incidents.

Preventing and controlling infection
● People were protected from the risks of infections.
● There was an appropriate supply of personal protective equipment (PPE) available for use by staff. This included disposable face masks, gloves, aprons and hand gel.
● People confirmed staff used appropriate PPE when working with them.
● Staff were required to complete training in infection prevention and control. Practical training of 'donning' and 'doffing' (taking on and off) PPE was not completed, however the management team sent us pictures of posters used to indicate correct techniques for care workers to follow.

Learning lessons when things go wrong
● An appropriate system was in place to record and learn from incidents or accidents.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's likes, dislikes and preferences for care were assessed, recorded and respected by staff.
- Preferences included what people liked to eat and drink, how they liked to be dressed and how they wanted their support provided by the care workers. Care records also demonstrated how people made decisions about everyday life, for example whether they needed prompting or support.
- People were encouraged by care workers to live a fulfilling life. Staff presented available options to people about everyday living in the wider community, and people were able to make their own choices.
- A relative stated, "They are reliable and a much better provider. It was difficult to trust again after the [a prior] experience [with another provider], but they are building trust up again. They fully understand [the person]. They give [the person] choices up to a point but with [the person's] autism it is important to have a solid routine. [The person] does not like change "

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to ensure people received effective care.
- When they were first appointed, care workers completed learning modules similar to the Care Certificate as part of their induction. This is a nationally agreed set of modules for staff new to working in adult social care. Care workers then worked with and shadowed experienced staff members to become familiar with supporting people effectively and to learn about their role.
- If staff had completed the Care Certificate or similar learning in prior employment, the service used recognition of prior training and maintained appropriate records. An induction booklet was used, however three we looked at were not up-to-date. The management team sent us evidence after the site visit that these were completed.
- Staff received a range of training, including the ongoing training they needed to meet statutory and mandatory requirements. Topics included basic life support, medicines management, safeguarding adults and oral health. We signposted the management team to the Skills for Care adult social care training guidance.
- Care workers were suitably supported by the locality managers to develop their skills and knowledge of caring for people living with learning disabilities and autistic people.
- Most staff completed supervision sessions with their line managers.
- Some staff had completed or were in the processing of completing formal qualifications in health and social care; there was a plan for three care workers to enrol in the future.

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

● People required minimal support to prepare healthy meals. People were able to choose their own food and drink, and access meals from other sources such as convenience food and takeaways.
● People said, "Yes, I like it all [the food]. I get a takeaway on a Saturday; a chilli pot". The person told us they have the same delivery every week. Another person said, "I like anything. [I] do my own shopping at Morrisons and Tesco every Tuesday."
● Staff knew what foods or drinks people liked, disliked or preferred.
● People were protected from the risks of dehydration and malnutrition. Staff monitored people's intake to ensure that they were eating and drinking sufficient amounts.
● Staff completed training in food hygiene and nutrition; some staff were still completing training modules at the time of the inspection.
● Care plans described any support people required when eating and drinking, and how they preferred to be supported.
Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported by staff to ensure they could maintain a healthy lifestyle.
● Care records indicated people's health was assessed and actions taken to ensure regular appointments, health reviews and other checks of health were completed.
● Staff had established good working relationships with community healthcare professionals. This meant they could contact specialist services when needed, to discuss people's health and seek advice.
● Staff understood when to escalate any issues with people's health to a healthcare professional, for example if a person was unwell or required an unscheduled review of their care.
● A social worker stated, "Working closely with MAK, we have been able to stabilise a young [person] whom had been detained for five years with a very long risk history and complex mental health problems. MAK went above and beyond to make this person feel cared for and settled in the community."

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 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. 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.

● People's consent was obtained and appropriately recorded in their care records.
● Consent was recorded for care and support, sharing of care records and photography for use in personal care (for example, to identity a person).
● The manager and nominated individual had a satisfactory understanding of the MCA principles. This included assessment of consent and best interest decision making.
● However, neither had a suitable understanding of how to check whether a personal had an attorney or deputy appointed. Checks were not previously completed with the Office of the Public Guardian (OPG). We signposted the management team to the OPG.
● Following the site visit, the provider send us evidence they had immediately submitted necessary checks with the OPG.

Good

Is the service caring?

Our findings

Ensuring people are well treated and supported; respecting equality and diversity
- People and family members confirmed that staff were kind and caring.
- One person stated, "Yes, they are excellent." Another person commented, "Yes, they are kind and good."
- One person went on to say they choose every day what they want to do.
- Staff completed training in equality, diversity and inclusion so they could ensure care was provided in the right way. People's unique differences in their support packages were met by staff who knew their needs well.
- Community social care professionals confirmed the service was caring. One social worker said, "It is refreshing to work with a provider who does exactly what is in their title…'care'."

Supporting people to express their views and be involved in making decisions about their care
- People were viewed as partners in their care. They had an active say in their everyday support.
- Care plans contained information that demonstrated people were involved in their development and reviews.
- Staff also asked friends, family or other professionals for their opinions to ensure people received the right support in the right way. These were documented alongside people's individual choices.
- Staff consistently reviewed people's support needs, at both regular intervals and at short notice, for example if there was a sudden change in a person's condition. Prompt action was taken when needed.

Respecting and promoting people's privacy, dignity and independence
- People's independence was encouraged, promoted and fostered. This ensured they could lead a life like any other citizen would.
- People were encouraged to perform tasks for themselves. Staff prompted and supervised people to ensure safety, and only assisted with personal care when people required it.
- People's privacy, dignity and independence were promoted by the way care staff supported them.
- Staff completed appropriate training to ensure people's dignity; this included learning about behaviours that challenge and disability awareness.
- A family member stated, "They are extremely caring staff. They try to give [the person] structure and choice in…day to day life as far as possible. They respect [the person's] privacy and dignity. I am happy generally speaking with [the person's] personal care. [The person] is always appropriately dressed and tidy."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans reviewed were tailored to each person's different needs.
- Language used in the care plans was simplified, yet contained the needed information to effectively support people. For example, one stated to encourage the person to perform small tasks like oral hygiene, shaving and hand hygiene. The care plan also indicated areas where the person needed assistance from care workers, including with showers and management of medicines.
- The care plans were discussed with the person and their relatives (where required). They were asked what their likes, dislikes and preferences were and these were recorded in the care plan.
- Updates of the care plans were completed at set intervals. Changes were made to care plans if people's support changed between care reviews. Reviews of care plans sometimes included people's health and social care professionals' input.
- The use of electronic care records meant information was more accessible to staff who worked directly with people and the management team located at the head office. The management team could also review care records remotely.
- Cultural and faith-based wishes and preferences were recorded in people's care plans. This ensured diversity was documented and care workers could take this into account when supporting people, as needed.
- One person said they knew about their care plan. A family member added, "I have seen [the person's] care plan and was involved right from the start; it is person-centred. I go in every day to see [the person] and am heavily involved with [the person's] care still…"

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service assessed and recorded any communication needs people had. This ensured staff knew which people may require adjustments to enable successful communication.
- The service was able to provide relevant information in different ways. This included easy-read versions of documents or care workers explaining support in different ways. This enabled people to understand the care they received.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People lived in the community and were able to choose and maintain a lifestyle that was specific to them, supported by staff.
● People led active lifestyles, including social activities that were important to them. For example, a person's care plan showed they visited a restaurant of their choice for a meal and a pub for a drink.
● Hobbies were also recorded; one person liked watching TV, talking about what they had watched and playing electronic games.
● One person's care plan was very specific to ensure their choices were met in a safe way by care workers. It stated, "Encourage a balanced programme to help personal care and daily living activities, community activities with periods of rest and relaxation. Use distraction to manage challenging behaviour. Make direct eye contact when explaining activities."
● Satisfactory risk assessments for people were in place for going into the community.
● People were encouraged to maintain social relationships. This included with their relatives and friends. Contact was facilitated electronically during the pandemic lockdowns.

Improving care quality in response to complaints or concerns
● People and others were satisfied with the support provided by the care workers, the office and the management team. They expressed no concerns or complaints to us during the inspection.
● There was an appropriate complaints policy and procedure in place. The management team explained how they would handle complaints or concerns.
● People and relatives told us they knew how to make a complaint, if necessary.
● There was an easy-read version of the complaints policy available for people. This ensured there was information available in a simpler format to ensure people understand how they could raise concerns.
● The provider worked collaboratively with us when a concern was raised. The management team checked the nature of the concern, completed enquiries and provided us with the necessary information to enable us to conclude the matter.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a suitable governance system in place, however some improvements were required with regards to logging identified risks. There was no evidence people had sustained harm or were at severe risk because of the failure to do this.
- A system of audits and checks on the safety and quality of the support to people was in operation. This included audits of medicines management, personnel files, people's risk assessments and care records and accidents and incidents. Key performance indicators were reported to the head office of the service.
- Although any areas for improvement were recorded in the various quality audits, they were not documented in a continuous improvement plan, service improvement plan or risk register. When we checked whether one of these was in place, both the manager and nominated individual acknowledged one was not created or in operation. The management team accepted our finding and provided an assurance that a log of actions (or similar) would be created shortly after the inspection.
- The lack of a central risk review and recording system meant that some issues identified for improvement could be missed, not updated or not subject to continuous review.
- Management team meetings were held at regular intervals. Meeting minutes demonstrated appropriate topics were discussed including people's needs, staff management, development of the service and actions to be taken to reduce operational risks. However, the minutes did not reflect reviews of actions, responsibility and timeframes for completing them.
- The management team were receptive to our feedback about recording risk progress and acknowledged our findings. They provided assurances they would put this in place promptly. We are satisfied that they would take appropriate action to remedy the recording of the risk management process.
- At the time of the inspection, no manager was registered with the Care Quality Commission (CQC). A manager was in post and had applied to register with CQC.
- The manager had good skills and experience in supporting people who could use the type of service. They had an extensive work background in supporting young people with mental health conditions, those who were released from detention and in reablement or transition into the community. The manager was completing a professional qualification in health and social care management, and awaiting their assessment sign off.
- Locality managers were responsible for overseeing the service in other areas of England. They had good knowledge, skills and experience in personal care and support of people living with learning disabilities, autistic people and people with a mental health condition. They were able to clearly explain how they were supporting people safely and effectively in their area.

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

● There were no notifiable safety incidents since registration of the service. A safety incident is a serious injury or similar that must be reported to the CQC. Certain actions by the registered person are required under the applicable regulation.

● The manager had a satisfactory knowledge of candour. They defined it as being "open, honest, transparent" and "admitting to mistakes".

● The manager's knowledge of their duty in the event of a notifiable safety incident was limited. The nominated individual's knowledge of their duty was also limited. Registered persons are required to understand what constitutes a notifiable safety incident and the actions to be taken.

● We signposted the management team to guidance about duty of candour on our website.

● Our registration team advised that the manager had their registration application interview after this inspection, where their knowledge of duty of candour was checked. They confirmed the manager had researched duty of candour requirements and was able to clearly explain their responsibilities.

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

● There was an open culture which allowed staff to enable good care and support for people.

● The locality managers stated staff retention was important. They expressed the importance of a good working culture. There was a positive culture policy. They said staff were aware how to contact the manager or nominated individual if they had issues with their line managers.

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

● People, families and staff were actively involved in the service and its development.

● Discussions about sexuality and safety were held with people. Staff realised people could form relationships with other members of the public that might place them at risk. Staff also realised the importance of people expressing their sexuality. This showed a holistic approach to care and support. We spoke with the management team about appropriately documenting such conversations and plans. They were receptive of our feedback.

● There was satisfactory engagement between the care workers and management team. Regular staff meetings were held. Chat occurred via confidential group social media systems. Managers said they felt they were a supportive mechanism in the chat group.

● People were engaged and involved in the service. They were placed at the centre of the care, even before they received support. The management team explained how they met people in a hospital to introduce themselves and liaise with the healthcare professionals before discharge.

● A social worker commented, "…they [MAK] spend a lot of time working directly with the service user in relation to their needs and how they would like these [met]. They then create tailored care and support plans that are unique to the service user…I was extremely impressed with a care and support plan they completed with one of my more complex service users."

Continuous learning and improving care

● The management team demonstrated a willingness to learning and implementation of any improvements.

● The service implemented the Think Ahead programme values. Think Ahead is a way of thinking about and working with people living with a mental health condition. The service offered person-centre care training as part of the programme.

● There was also a Night Light Café; a church group partnership. Some people were involved with the group,

which promoted a self-help approach. The service was supporting a branch of the group to organising community walks.

Working in partnership with others

● The service worked collaboratively with system partners to ensure good care outcomes for people.

● Commissioners and social workers we contacted provided complimentary feedback about the service and support provided to people.

● One stated, "[MAK] are extremely person-centred and on [judgement], they give every person a chance and treat them as a person. Some people come to them with an extensive risk history, however, instead of seeing this as a 'red flag' they look at the 'why'. Why has this person been [physically] aggressive? What were the circumstances behind this? They give that person a chance and treat them with respect; [they] give them hope they otherwise wouldn't have had."

● Another stated, "MAK Care are consistently and reliably responsive to our [NHS] Trust; they support some very complex individuals and have clear experience in mental health needs. The joint working approach is promoted in order to fully support the service user. A very person-centred provider whom I speak highly of and recommend."