

Makai Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 27 April and 7 May 2015. 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 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.

People were not protected from the risk of care being provided by unsuitable staff as the provider did not follow recruitment procedures thoroughly and accurate records were not kept about all aspects of the service.

The registered manager did not have a thorough knowledge of the Mental Capacity Act (2005) and was unable to say how people's capacity was considered when making decisions about their care. However, staff understood their responsibilities in relation to gaining consent before providing support and care.

Summary of findings

People were protected against risk of abuse by staff who had received training in safeguarding people. Staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well.

People were treated with dignity and respect and benefitted from being cared for by staff who knew them well and visited them on a regular basis. Relatives told us privacy was maintained and staff respected people's individual preferences.

Staff felt well supported by the registered manager and said they were listened to if they raised concerns. They received training to help them carry out their role to a high standard and relatives told us they were knowledgeable about their role.

There were systems in place to manage risks to people and staff. People and their relatives were involved in decisions about their care and were asked for their views on the service.

Staff contacted healthcare professionals if there were concerns about a person's wellbeing.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Recruitment procedures were not followed thoroughly.

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

Staff had received training in safeguarding. They demonstrated a good knowledge of safeguarding procedures and reporting requirements. The provider had plans in place to manage emergencies.

Requires improvement



Is the service effective?

The service was not always effective. People's right to make their own decisions was not always protected. The registered manager was not fully aware of the principles of the Mental Capacity Act 2005. However, staff promoted people's right to consent to care.

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

People were enabled to access health services when necessary.

Requires improvement



Is the service caring?

The service was caring. People received care in a respectful manner from staff who knew them well.

People's right to privacy and dignity was maintained and their confidentiality was protected.

Good



Is the service responsive?

The service was not always responsive. Care plans did not always reflect people's individual personal preferences.

There was a system for dealing with complaints. People and their relatives knew how to raise concerns.

Requires improvement



Is the service well-led?

The service was not always well led. There was no system available for the registered manager to assess, monitor and improve the quality and safety of the service.

Records had not been accurately maintained to show that staff had received support from the registered manager, reviews of care had taken place or audits had been conducted.

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

Requires improvement



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 27 April and 7 May 2015 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 two inspectors.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We requested feedback from the service commissioners but did not receive any.

During the inspection we spoke with relatives of people who use the service, four members of staff and the registered manager. We looked at records relating to the management of the service including one person's care plan, policies, four staff recruitment files, training records, complaints log and accident/incident log.

Is the service safe?

Our findings

The provider did not follow robust recruitment procedures. We looked at staff recruitment files to see what checks had been carried out. Checks to establish an applicant's identity had been made and references had been sought to enquire about their conduct in previous employment. An enhanced disclosure and barring service (DBS) criminal record check had been obtained for all applicants to check if there were any convictions which may prevent them from working with vulnerable people. However, on day one of the inspection we saw one file contained a DBS check which had not been applied for by Makai Care Limited. We asked the registered manager how they had ensured this was a valid DBS. They told us it had been checked with the DBS update service but they could not provide documentary evidence to show this had been carried out. On day two of the inspection we saw a new DBS check applied for by Makai Care Limited had been received and was on the staff member's file. When appropriate the registered manager carried out a risk assessment and introduced measures to manage risks associated with staff whose DBS check showed recorded convictions.

In two of the files we looked at employment references had been received but were not from the referees named by the applicant on their application form. The registered manager told us they had not been able to get references from the referees the applicants had stated and had therefore sought alternatives. However, there had been no record made of any attempt at contacting the original referees or explanation as to why they had not provided a reference. In another file a reference from a social care provider was incomplete. It did not provide dates of employment or answer questions related to the applicant's performance while in their employment. The registered manager confirmed this had not been explored further to establish a reason why these questions were not answered and no further evidence of satisfactory conduct had been sought.

Not all information required by schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 was available for each member of staff. Recent photographic identification and a declaration of physical and mental health were not recorded on all files. Employment history had not been recorded in one file and in others there were gaps in the history that had not been

explored, explained or documented. It is the responsibility of the provider to obtain a full employment history to ensure people are protected from the risk of being cared for by staff who may be unsuitable. This was a breach of Regulation 19 and schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

A relative told us they felt their family member was safe using the service, they said, "safe, Oh completely, I've no worries regarding safety." Staff had received training in safeguarding vulnerable adults and there was a policy which staff could refer to. Staff were able to describe the signs that may indicate a person had been abused and they understood the actions they would need to take to report it. A whistleblowing policy was in place which staff were aware of. They were able to tell us how they would use the policy to report any poor practice and were aware of being able to speak to organisations outside of Makai Care Limited if they had concerns. One member of staff said, "Everything must be done according to policy and procedure, they're all important." They went on to say that if they reported something to the registered manager and felt it hadn't been taken seriously they would contact other organisations such as the Local Authority, the Police or the Care Quality Commission (CQC).

People's individual risks such as those associated with moving and handling and the development of pressure sores were assessed. In addition the home environment was considered and risks identified were recorded. The registered manager told us each person's identified risks were discussed with the staff team before they commenced working with the person. Staff confirmed this and told us they were updated on any changes to risks immediately either by telephone or by text message. Staff told us they checked for risks and changes in a person each time they visited. One staff member said, "I check the environment and the person. If there is any sign of a risk or a change I report it straight away. We always follow the risk assessments in the care plan".

The number of staff required was determined by the needs of the people using the service. People received their care visits as planned, a relative said, "everything is done in a timely manner, they arrive on time and they take no short cuts." Staff told us they informed people if they were delayed and would arrive late for a care visit.

Appropriate plans to manage emergencies such as shortage of staff and loss of utilities were in place. This gave

Is the service safe?

staff direction to follow in such events and helped to ensure people's needs continued to be met during and after an emergency. Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They were able to describe the action to take in the event of an emergency, for example, if they discovered a gas leak. 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 recorded.

At the time of the inspection the agency was not supporting anyone with medicines. Nevertheless the provider had a medication policy which gave guidance on safe management of medicines and some staff had received training in the safe administration of medicines. The registered manager told us this training would be made available to other staff if they were required to support people with medicines.

Is the service effective?

Our findings

People's right to make their own decisions was not always protected. The registered manager did not have a good knowledge of the Mental Capacity Act (2005) and was unable to tell us how people's capacity was considered when making decisions about their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. They told us decisions about one person's care were made by their next of kin. However, the registered manager was unable to provide evidence of their legal right to make decisions on behalf of the person who uses the service. This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they always checked people were happy for them to assist with their personal care. They explained that if someone refused their care, they pointed out to the person why the care was important but would never force them. They said they gave people time to make decisions and would offer again when people had had time to think. However, they said if the person continued to refuse, they respected their decision and ensured a report was made so the situation could be monitored.

People had their needs met by staff who knew them well and had the knowledge and skills required to care for them effectively. A relative told us they felt staff were skilled in their role. They commented, "they are very well trained indeed." Staff received induction training when they began work and then completed training in a number of mandatory topics, for example moving and handling. We saw training had been booked for staff to attend in order to refresh their skills. Staff confirmed they had completed training and told us they had received additional training in

areas specific to the people they cared for. For example, Diabetes, Stroke and Parkinson's Disease. They told us this helped them understand the symptoms people may have and how to provide specific care.

New members of staff worked with more experienced staff before working independently. They were then observed by the registered manager who checked the quality of their work. One relative said, "With new staff, they have already done their training, but they come as a third person and watch. Yvette (registered manager) sets a very high standard and comes to make sure they know what to do." Staff were offered the opportunity to gain nationally recognised qualifications. One staff member was undertaking a Qualifications and Credit Framework (QCF) diploma level 3 in health and social care and the registered manager was enrolled onto the level 5 in leadership and management course.

Staff told us they had regular meetings with the registered manager and felt well supported by her. One said, "Yvette will always listen, she knows us well." Another said these meetings gave them an opportunity to discuss their work and said, "it gives me the opportunity to share problems and find a way to do things better." A relative told us the registered manager visits their family member to carry out spot checks on the care workers. Staff confirmed spot checks took place. They told us this was to assess their practical skills and provide support to them whilst working.

Staff told us that healthcare appointments were generally made by people or their relatives. However, if they arrived at a visit to find a person unwell they would immediately call for medical assistance either by dialling 999 for an ambulance or contacting the person's GP for advice.

At the time of this inspection the service did not support people with food and drink.

Is the service caring?

Our findings

People were treated with care and dignity. A relative told us, “they talk to [name] with respect, they involve [name] and explain things. They treat [name] like an individual”. Staff knew people well and spoke about people’s personal preferences. One staff member said, “I make sure I find out about what people like and what they don’t, if they can’t talk to me I find another way, it’s about good communication.” A relative told us communication was particularly difficult for their family member but care workers knew them well and, “recognise when [name] responds.”

People were visited by consistent members of staff. A relative commented that the consistency of staff was excellent and told us they knew all the staff very well, particularly the registered manager. They said, “I know Yvette very well, I can call her if I had any concerns but there’s never been a need.” Staff gave examples of how they maintained privacy for people in their own home. For example, ensuring curtains were pulled and covering people during personal care giving.

Staff said, if they felt people’s care needs had changed and more time was needed to support them they would report this to the registered manager. This was then discussed with the relevant health and social care professionals or if appropriate the person’s family. A relative told us they were always kept involved and had regular contact with the registered manager either by telephone or in person. They said they were consulted about the care of their family member.

People were shown respect and staff were able to describe how they maintained this. They told us they addressed people in their preferred manner and always took note of what people wanted. For example, one member of staff told us, “people like to talk or show you things, sometimes we look at photos together and chat, and it’s about respecting them as people.” Another said, “I listen to people, try to understand and empathise with them.” A relative told us the care workers were, “Very good with dignity indeed and always respectful.”

Personal records were kept in a lockable cabinet in the registered manager’s office. This was locked when not in use.

Is the service responsive?

Our findings

The registered manager told us they received an assessment from the commissioners when they were asked to provide a service. This contained details of the care to be provided and an assessment of the person's needs. The registered manager said they then visited the person to complete an assessment to ensure they could provide the appropriate care. Although they carried out this assessment they relied on the documentation sent from the commissioners to act as the person's care plan. They told us that most of the people who use their service do so for only a short period of time. Therefore they did not complete an individualised care plan detailing people's personal preferences.

We found that one person using the service had been cared for by Makai Care Limited for over a year but no detailed assessment of the person's individual preferences had been documented in a care plan. The registered manager told us they realised this was something that was required and showed us a document with the beginning of an assessment for this person. We asked how care workers would know the person's preferences and were told that the person was visited by regular staff who had got to know them well and had spent time understanding their personal needs. We spoke with a relative of this person who was unable to speak with us themselves. They confirmed that the person had been involved in the assessment as much as possible and they too had

contributed. They told us staff knew the person well and always acted on their personal preferences. Staff we spoke with knew the person's care needs and could give examples. For example they told us the person liked to stay in bed during the morning but get up for lunch.

People always received their visits and they were usually on time. We were told staff would let people know if they were going to be late or if a staff member could not attend a visit, for example, in the case of sickness or an emergency. If this happened 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. A relative told us they would feel comfortable making a complaint if it was necessary but said, "There has never been a need to complain, they are superb." They confirmed they had opportunities to raise any worries or issues during phone calls they received from the registered manager or when she visited. We reviewed the complaints log and saw no complaints had been received. We were shown cards from people and their relatives complimenting the service and the care that had been provided.

In addition to the opportunities to give feedback on the telephone a survey questionnaire was available. At the time of the inspection this had not been used but the provider told us on the second day of the inspection questionnaires had been sent out.

Is the service well-led?

Our findings

At the time of the inspection the service had a registered manager. They told us there was no system or process in place to formally assess, monitor and improve the quality and safety of the services provided. They told us they understood and had identified this as a shortfall in the management of the service. However, they planned to install a new computerised software system which would enable a system to be put in place. We saw evidence that the registered manager and staff were booked to receive training in this software in the near future and that the software would be installed once the training had taken place.

Accurate records had not been maintained with regard to the management of the service. For example, records were not kept by the registered manager of the individual meetings with staff or of spot checks carried out at the homes of people who use the service. Details of people's personal and individual preferences were not recorded and although the registered manager told us they had conducted audits of care records there was no written evidence to support this. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had opportunities to say how the service could be improved and raise concerns and they felt they were listened to. Staff meetings were held monthly. The registered manager and staff told us these meetings were used to discuss practice and ensure staff knew about policies and any changes that may have occurred. We

reviewed the minutes of the most recent meeting and saw topics discussed included the importance of communication and contact information for colleagues. Staff understood the aims of the service and were enthusiastic about their work. One said, "This is the best job ever."

The registered manager told us they maintained an open culture and encouraged staff to contact them for advice and support whenever they needed to. She said she had ensured that all staff had her contact details and had informed them they can contact her at any time. Staff confirmed they were able to contact the registered manager for support when necessary and found them very approachable. One said, "Yvette will always listen, she knows us so well", another commented, they felt they could speak with the registered manager about anything and help and advice would be offered. Staff said they received regular communication to inform them of any changes or updates either by telephone, text message or email. Staff said they worked well together. One staff member commented, "It's a good service, we work together as a team and see each other regularly."

The registered manager told us she spoke with people who use the service on the telephone or visited them in their home to gain their views. Unannounced spot checks were also undertaken by the registered manager to review the quality of the care being provided. This was confirmed by relatives and staff we spoke with. One relative told us they would rate the service "very highly" and felt it was well led by the registered manager.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Personal care

Regulation

Regulation 11 HSCA (RA) 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. Regulation 11 (1)(3)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) 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. Regulation 17(1)(2) (a), (c) and (d) (i) (ii)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) 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. Regulation 19 (2) (a), (3) (a)