

Maxi Healthcare Ltd

Maxi Health 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

About the service

Maxi Healthcare Limited is a domiciliary care agency providing personal care to people in their homes or flats. At the time of the inspection, they were providing personal care to 13 people. This included older people who had been discharged from hospital and needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing for up to 4 weeks.

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

We received positive feedback from people who used the service and relatives. One person said, "Staff always arrive on the spot. Time keeping is very good." Another said, "There is no area to improve on. They are good." And another person said, "I talk to them every day they come, very approachable, they are great."

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager knew their responsibilities in relation to keeping people safe from harm. Risks were appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely, and people had received their medicines as prescribed.

People were happy with their care and support. Staff had built up good relationships with people. Staff were caring and kind in their approach and had a good rapport with people. People told us they were treated with dignity and respect. People's privacy was respected.

There were enough staff deployed to meet people's needs. The provider operated a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, which enabled them to meet people's needs. They also received support and supervision to enable them to carry out their roles safely.

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 were encouraged to make their own choices about everyday matters. People's decisions and choices were respected.

Where necessary, people were encouraged to have a healthy diet which met their health needs. People were supported and helped to maintain their health and to access health services when they needed them. The registered manager and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service.

The registered manager had built links with other healthcare professionals and worked closely with them.

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 first registered with us at the previous premises on 15 April 2021 and was not rated. This service was reregistered with us at a new premises on 5 January 2023 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Maxi Health Care Limited

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 carried out by 1 inspector and 1 inspection manager.

Service and service type

Maxi Healthcare Limited 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

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 25 January 2023 and ended on 1 February 2023. We visited the location's office on 25 January 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us about by law. We used all this information to plan our inspection

During the inspection

We spoke with 3 relatives, 3 care workers, 2 office staff and the registered manager whose was also the provider. We reviewed a range of records. This included 4 people's care records, risk assessments, daily records, medicine and health records. We also looked at 4 staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys people completed to share their views as well as feedback from healthcare professionals.

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 of 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 told us they felt safe with the care staff. One person said, "I do feel safe with them. They will protect me from any harm. They have my interest at heart."
- A relative told us they felt their loved one was safe with the care staff. They said, "Yes I do feel [family member] is safe with the carers. They are lovely."
- A healthcare professional told us, 'Our patients, who are vulnerable adults have always received safe care from Maxi Healthcare agency carers.'
- The provider had safeguarding systems in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff had access to policies on the intranet and were given core policies which included safeguarding. Staff signed to say they had read the policies.
- Staff had received induction and training on adult safeguarding. They understood their responsibilities to record safety incidents, raise concerns, report them internally and externally, where appropriate. A member of staff said, "Safeguarding is a way of ensuring clients are protected from abuse and harm." They told us they would recognise signs of physical abuse through bruising marks when doing personal care as an example and would report any abuse to the registered manager. Staff felt confident that the registered manager would deal with it but they would contact the police if needed.
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. They said, "I have completed safeguarding training. It is protecting the people supported and staff who might be at risk of harm such as abuse. If I know about it, I will report to local authority safeguarding and I can report to CQC and police." There had not been any safeguarding concern.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence. Risk assessments identified hazards, evaluated the risk and provided guidance for staff on the precautions to take. For example, 1 person had a moving and handling risk assessment. It contained information on the risk of falls and steps needed to reduce the risk. Staff signed that they had read it.
- Environmental risks and hazards such as uneven surfaces, appliances or trailing wires within the person's home had been identified in initial assessments and risk assessment were put in place.
- There had not been any incidents such as near misses and falls in people's homes. The registered manager informed and showed us the blank document they would be using to capture records of incidents, and lessons learnt from them.
- Policies and systems were in place to ensure that incidents were recorded and actioned including late or missed calls. The registered manager showed these to us and said these would be audited monthly.

Staffing and recruitment

- One person told us they had consistent staff providing their care and support. They said, "Yes, the carers are consistent. They do arrive on time 3 times a day. I have same staff every time."
- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing.
- People and staff had access to an out of hours on call system manned by the registered manager and care coordinator.
- Staff were recruited safely, and checks were thoroughly completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

Using medicines safely

- People who required support to manage their medicines received them safely. One person said, "Yes they do give me my medicines and they are caring doing this."
- Staff had received medicines training. The registered manager had systems in place to conduct yearly medicine administration competency checks on staff.
- Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited monthly by the registered manager.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff. Medicines administration was an agenda topic at staff meetings.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment (PPE) such as gloves and aprons were provided and used by staff to protect themselves and the person from the risk of infection. People we spoke with confirmed this.
- A healthcare professional told us, 'Maxi Healthcare have demonstrated compliance with COVID-19 measures by ensuring that the staff use appropriate PPE and the hospital team also provides the COVID-19 status of patients to the care provider to enable the care agency plan the care. We have not had any concerns raised by patients or family about any staff attending to their home who was unwell with COVID-19.'
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

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

- The registered manager undertook an initial assessment with people when referrals had been received from the hospital before they started providing care and support. People and their relatives were fully involved in the assessment process. One person said, "They know what I need, they ask question, and all written down in care plan."
- Care plans detailed people's individual needs and how staff could support them. This was alongside recognised guidance such as The National Institute for Health and Care Excellence (NICE) in relation to diabetes.
- Records showed that the initial assessments had considered person's health and social history and their care needs. This ensured that the service was able to meet people's needs fully.
- A healthcare professional told us that Maxi Healthcare staff reviewed, adapted and met people's needs. They said, 'A patient required increased time during care calls to attend to all her needs, Maxi Healthcare staff communicated this with our team, we contacted the family who confirmed the information was right and we were able to increase the duration for the care calls to ensure that the staff had sufficient time to wash, dress, feed the patient before leaving.'

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. New staff completed the care training package. This included the 8 core training courses online and the Care Certificate. 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.
- Members of staff confirmed they had completed an induction day and spoke about company policies, safeguarding and ways of working. A member of staff said, "This was very helpful, it feels like we are all working together."
- Staff felt supported by the registered manager. Evidence showed that staff had monthly supervision meetings. Supervision enabled staff to discuss their work and identify further training needs. The registered manager told us that both group and individual supervisions were carried out. Senior care staff also completed observations of practice when on double-handed calls. As a newly registered service, staff had not yet had an annual appraisal.

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

- Where people were supported to eat and drink this had been clearly recorded in people's care plans. For

example, one person with diabetes had guidance developed for staff about what they should eat and should not eat. Currently people received minimal support to eat and drink.

- Care plans contained detailed information about people's likes, dislikes and dietary needs. For example, if people were at risk of malnutrition. The care plan included information for staff which ensured staff provided required support to meet their needs.

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

- A healthcare professional told us, 'Maxi Healthcare office support manager staff have been efficient in communicating and working with our team, the local authority social services, occupational therapist, palliative care team, dieticians and other relevant organisations and teams that are responsible/ involved in the patient's care and hence ensure the patient received ongoing support with their care and wellbeing.'
- Staff were not directly involved in people's healthcare needs. However, care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- Staff told us that they would report any concerns they had about the person's health to the relatives who would in turn take required action.
- A healthcare professional told us, 'The service is good at communicating, reporting concerns early so that referrals, assessments and support are given on time.'
- People's care records included guidance for staff to follow, for example, on high blood pressure and moving and handling. This included recommended guidance, which further enabled staff in understanding and meeting people's needs.

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.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- All staff had been trained on MCA. The registered manager and staff understood people had the right to make their own decisions about their care. The registered manager said, "This is about people's ability to make informed decisions. If they are unable to, this will be discussed with the person, relatives and doctor to carry out a comprehensive MCA (capacity assessment). Best interest meeting will be held to decide what is best for the person."
- Everyone currently supported by Maxi Healthcare Limited had the capacity to consent. One person confirmed to us that staff always asked for their consent before doing anything. They said, "Staff know what to do. They ask me all the time."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives told us that staff were caring. One person said, "Yes they are caring." A relative said, "They are really good."
- Staff knew the people they were supporting well. One person confirmed this and said, "Oh yes, they do respect me as an individual. They call me Mr [Name] which is how I like to be called."
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. This enabled care staff to deliver care that met people's needs.

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

- Relatives told us they were involved in their family members' care. One relative said, "We were given information and I was involved." Relatives were involved in the formulation, reviewing and the delivery of care.
- Staff went to great efforts to provide people with information and help them to feel comfortable to express their views. One staff said, "For example, care plan says wash in morning, but they prefer wash in the afternoon. So, we can accommodate that on afternoon call."
- Care records showed that people and, where appropriate, their relatives were consulted when care plans were written.

Respecting and promoting people's privacy, dignity and independence

- People told us they were respected by care staff. One person said, "Yes, they do (respect me)." Another person said, "They do respect my dignity. I feel respected regardless."
- Relatives said, "They do respect [Person's] privacy and dignity. The support is very good with their incontinence. Yes, they do treat him with respect. I have met a few of them."
- Care plans included what people could do for themselves and when they needed support. For example, the care plan gave staff direction and guidance on how to support people by enabling them to carry out personal care task independently. We saw in daily notes that staff adhered to guidance in the care plan.

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 were personalised to suit individual's needs. People's care plans contained required information which informed staff what the person's abilities were and support they required from staff. For example, one person's care plan instructed staff on when they needed a wash, how they communicate, how the person chooses their clothes and required assistance such as oral care. In another example, a member of staff told us, they had one person they supported whose first language was not English. Staff communicated through their relatives to translate and this worked well.
- Staff told us they knew people's care needs via the care plan. One member of staff said, "When we get a new client there is an assessment we can refer to and a care plan. Most clients will tell you also."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with people at least every 6 months but may be more frequent based on people's needs. This meant staff would have up to date information in the delivery of care.
- A healthcare professional told us, 'The service is good at supporting patients in their home with complex, co-morbid healthcare needs.' Co-morbid means when a person has more than one disease or condition at the same time.

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 that they would make documents available to people they supported if required in different formats such as large print.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "I have never made

a complaint. I will talk to the manager if I need to." Relatives told us they had no concerns.

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The agency had received 1 complaint since it started providing services to people. The complaint was investigated and responded to accordingly. Where required, the registered manager/provider apologised and took corrective measures. We spoke with the registered manager about this. They told us of lessons learnt from this complaint which had helped them improve their service provision.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government and social care ombudsman and the Care Quality Commission (CQC).
- A healthcare professional told us, 'We have not had any concerns with this service.'

End of life care and support

- The service was not supporting anyone at the end of their life at the time we inspected.
- The registered manager told us that end of life information was part of referral information and assessment they carried out. This meant the service knew what people's wishes were in the event of them becoming ill suddenly.
- Staff told us they had worked with healthcare professionals in the past about people's end of life care. A member of staff said, "[Person] was on end of life care and medicine. The GP visited and instructions given by GP was to continue with care and make [Person] comfortable."

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives told us the agency was lovely. A relative said, "They are lovely. They had rung me a couple of times, they go far and beyond."
- Maxi Healthcare was a small agency managed by the registered manager. The registered manager was also the provider and was always available to staff and people. A carer said, "The environment is friendly, the manager is available and supportive you can talk about anything."
- Staff told us there was a positive focus on supporting people well and meeting people's needs. A member of staff said, "I am impressed with some of the staff we work with. Their approach is not money driven; they enjoy taking care of people."
- The registered manager understood the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They had informed people, their families and where appropriate external agencies of when things had gone wrong.

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

- A healthcare professional told us, "We have not had any concerns with the registered manager. The service is well managed."
- The registered manager had a system in place for monitoring the quality of the service. A range of quality audits, such as care plans, medicine, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place. This was reviewed and signed off when completed by the registered manager.
- The registered manager understood the responsibilities of their registration. Registered managers are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement. There had not been any notifiable events since the agency started and registered with CQC.

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

- People told us they were happy with engagement from the agency. One person said, "My son and

daughter do approach them, and they do respond well."

- Feedback was sought from people and their relatives during care reviews. One person wrote, 'I write to thank you all for the care you gave to (my family member) I feel as though your staff gave (my family member) the highest level of care. Not only did they treat her with dignity, but there was also a high level of affection and tenderness too.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they were registering with Skills for Care to gain additional support.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- Care workers were invited to meetings with the registered manager to discuss good practice and learning from improvements when these were identified.
- Quality assurance processes were in place to capture the views and experience of people using the service. The service placed emphasis on the perspective of people to help understand any quality issues and challenges.
- A healthcare professional told us, 'I have always found the staff at Maxi Healthcare helpful and informative when I need to speak to them regarding a client's care.'