

Maksanus Care Services Limited

# Maksanus Care Services Limited

## Inspection report

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20 May 2019

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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:

Maksanus Care Services Limited is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats in the community.

People's experience of using this service:

The care and support provided to people was person centred. People's care plans and risk assessments included information about their care and support needs and preferences. Care plans included guidance to assist staff in meeting people's needs and preferences and to reduce and manage the risk of harm. People's care plans and risk assessments had been reviewed regularly and updated where there were any changes in people's needs.

Staff had received training about safeguarding and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures ensured that staff were suitable for the work they would be undertaking. New staff members were not assigned work until satisfactory references and criminal records disclosures had been received.

New staff received a comprehensive induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Staff also took part in regular supervision sessions to support them in carrying out their roles.

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 and their family were involved in decisions about their care. People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans.

People were regularly asked about their views of the care and support that they received. Spot checks of care and support had taken place in people's homes.

Processes were in place to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if necessary.

The provider undertook a range of audits to check on the quality of care provided. These showed that people were satisfied with the care and support that they received.

Rating at last inspection:

The last rating for this service was Good (published 28 October 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led.

Details are in our Well-led findings below.

Good ●

# Maksanus Care Services 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 Care Act 2014.

#### Inspection team

This inspection was carried out by a single inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a domiciliary care agency and we needed to be sure that someone would be at the office to support the inspection.

Inspection activity started on 25 April 2019 and ended on 20 May 2019. We visited the office location on 25 April 2019. The registered manager and director were not available and we were unable to view some of the records that we required. We returned to the service on 14 and 20 May to complete the inspection.

#### What we did before the inspection

Before our inspection we reviewed information we had received about the service since our last inspection.

We sought feedback from the local authority. We also 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 used all of this information to plan our inspection.

#### During the inspection

During the inspection we spoke with the registered manager, the field care supervisor, the care co-ordinator and a service director. We looked a range of records. This included 15 people's care records and seven staff files. We also reviewed records relating to the management of the service such as quality assurance monitoring records and policies and procedures.

#### After the inspection

Following our inspection we spoke with 12 people who used the service and five family members. We also spoke with six staff members. We reviewed information sent to us by the registered manager in relation to quality assurance monitoring.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to ensure that people were safe from the risk of harm or abuse. Staff had received training in safeguarding adults. They understood their roles and responsibilities in ensuring that any suspicions or concerns were reported immediately.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as mobility, health, eating and drinking, social isolation, infection control and environmental risks. People's risk assessments included guidance for staff on how to manage and reduce identified risks.
- The risk assessments had been regularly reviewed and updated when there were changes in people's needs. For example, a person living with dementia had started to display behaviours that were challenging to staff. Their risk assessment included guidance for staff on how to communicate with the person to reduce any anxieties.

Staffing and recruitment

- The services' recruitment procedures ensured that new staff members were suitable for the work they were undertaking. Checks of criminal records, visas and references had been carried out before staff started work.
- The services' rotas showed that people received support from regular staff members. A person told us, "I usually get the same people. They tell me if someone can't come and who they are sending to help me."
- Staff members signed in and out from care visits using an 'on-line' system. This was monitored by office staff and 'on call' managers at evenings and weekends. The registered manager told us that a failure to sign in on-line would be immediately followed up.
- People told us that the service informed them if staff were running late for a care visit. One person said, "They called me to check if [staff member] was here. I think that [staff member] had forgotten to use the system they have."

Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records (MARs). The service monitored peoples' MARs regularly to ensure that they were correctly completed by staff.

- Staff members had received training in safe administration of medicines. Systems were in place to assess their competency when supporting people to take their medicines.

#### Preventing and controlling infection

- The service had a policy and procedure in place to ensure that risk of infection was prevented and controlled. Staff were provided with disposable protective items such as gloves and aprons. Staff and people confirmed that these were used when providing care and support.
- Staff had received training in infection control and food safety.

#### Learning lessons when things go wrong

- Staff had reported and recorded accidents and incidents in a timely manner. Systems were in place to monitor and review accidents and incident reports to ensure that people were safe.
- People's risk assessments and care plans had been updated where there were any concerns arising from an accident or incident. For example, a person's risk assessment had been updated following a fall when using their walking frame. The updated risk assessment provided guidance for staff on how to reduce the likelihood of falls.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they started to receive care and support from the service. The assessments had been reviewed and updated when there were changes to people's needs.
- People's assessments included information about their individual health and care needs, personal preferences and religious and cultural requirements.
- People and family members said that they had been involved in agreeing their assessments. Where people were unable to agree to their assessments, a record had been made.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. This included mandatory training and 'shadowing' of more experienced staff. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services.
- All staff received mandatory training. This included safeguarding, medicines administration, moving and handling and infection control. Training was regularly 'refreshed' for all staff members to ensure they remained competent and up to date in their roles.
- The training system enabled the registered manager to check if staff had completed 'on-line' training courses as required by the service. The registered manager provided support to staff to enable them to complete this training. During our inspection we saw that some staff had come to the office to complete 'on-line' training. One staff member said, "The training is good. I don't mind doing it again because I learn something new each time."
- Staff also received regular supervision sessions where they could discuss issues in relation to their work and personal development. Unannounced spot checks of their care practice in people's homes had also taken place. A staff member said, "I don't have to wait for a meeting with my manager. I can phone at any time if I need support."

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

- People were supported by staff to eat and drink where required. Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments. This included information about cultural preferences and the support people required to eat and drink.
- Where people had specific eating and drinking needs these were included in their care plans. For example, a person required soft foods and guidance was provided for staff to support them with eating and drinking. We noted, however, that records of food and fluids taken by people were not always recorded in their care records. The registered manager said that they would speak with staff about the importance of recording

this information.

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other health and social care professionals involved with their support. Staff had developed links with these professionals to ensure that effective support was provided where required.
- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met. Staff followed advice and guidance provided by healthcare professionals to ensure that people's needs were met.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments. People were registered with GPs and received support from community nursing services where required. Staff members supported people to attend GP and hospital appointments.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- We checked whether the service was working within the principles of the MCA. People's care assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members had received training on the MCA and understood the importance of this.
- People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions where required.

# Is the service caring?

## Our findings

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

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

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

- Staff understood their roles in ensuring people received caring and compassionate support. They spoke about the people they supported in a caring and respectful manner.
- People and family members spoke positively about the care and support they received from staff. Comments included, "The staff are lovely. They help me with all sorts of things and I can't fault them," and, "They are very good with [relative]. He looks forward to seeing them."
- Staff members received training to help them to understand the importance of supporting people's unique individual needs. Information about people's religious and cultural needs was included in their care plans. These included guidance for staff, for example, around the importance of recognising and understanding religious holidays and practices.

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

- People and their family members were involved in decision making. A person said, "Staff tell me what they are going to do and always make sure I am OK." A family member told us, "They are very good with [relative]. They talk to him and encourage him with the care."
- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support. Information was provided in formats that promoted people's involvement in agreeing their care and support. Staff told us that they explained people's care plans where they required support to understand them.

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff supported people's privacy and dignity at all times. A family member said, "They close the curtains and cover [relative] when they wash them. A person said, "[staff] knock on the door and check I am happy for them to come in."
- Staff supported people to maintain their independence. People's care plans included guidance for staff on how to support them to do things for themselves as much as possible. A person said, "They know I like to do things myself and they only help with the things I have difficulties with."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff members on how they should support people to ensure that their needs and preferences were met. Care plans were reviewed routinely and when people's needs changed. People's care plans had been updated when there were any changes in need. People and family members told us that they had been involved in reviews of the care and support provided by the service.
- Information about people's cultural and religious needs and preferences were included in their care plans. A family member said that staff were respectful of their relative's cultural needs.

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.

- Information was provided in easy to read formats where people required this. The registered manager told us that the service was working towards ensuring that information was available in a range of formats and languages in future.
- People's care plans included information about their communication needs. Staff were provided with guidance on ensuring that people's communication needs were met. The registered manager told us that, where possible, people were matched with staff who could communicate with them in their preferred language.
- We saw that the care plans for two people showed that they did not speak English and that family members were always available to translate for staff where required. A family member told us that staff had learnt words in their relative's language to assist with communication.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service. People and family members told us that would contact the registered manager if they had a complaint. A person said, "I used to have complaints but they sorted these out for me." Another person told us, "I have no complaints but they I know what to do if I have."
- The service had a system for monitoring of complaints. The complaints log showed that complaints had been addressed promptly and to people's satisfaction.

## End of life care and support

- No-one was receiving end of life care and support when we inspected the service. The registered manager said that staff had worked with professionals such as palliative care and district nurses to support people who were nearing the end of life in the past.
- Some people's care plans included information about their end of life preferences. The registered manager said that sometimes people or their relatives were unwilling to provide information about this. However, they told us that they would continue to encourage people to discuss end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last comprehensive inspection the provider had failed to ensure that an effective quality assurance system was in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We subsequently carried out a focused inspection and found that we found improvements had been made and the provider was no longer in breach of regulation 17. However, we recommended that further action was taken to ensure that actions and improvements were recorded in relation to quality assurance. At this inspection we found that the provider had taken action to address this recommendation.

- The registered manager had carried out regular checks to monitor the safety and quality of the service. These included checks of people's care records, medicines records, complaints, accidents and incidents and staff records. Systems were in place to analyse and act on concerns in relation to quality and safety at the service. Records of actions taken to address concerns had been put in place.
- People, family members and staff said that the service was well-managed. A family member said, "The manager seems very good. A person said, "I like the manager. They came to see me and sorted my problems out."

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

- Arrangements were in place to ensure that people's needs were central to the delivery of care and support. Information about the aims and objectives of the organisation was provided to new staff members during their induction. Information about service improvements and developments were regularly circulated to staff and discussed with them during their supervision sessions.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- People and family members spoke positively about the service. A person said, "They are really good and have helped me to do things I didn't think I could do again."

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

- The registered manager had ensured that concerns had been recorded and reported to appropriate bodies such as CQC and local authorities where required.

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

- Regular spot checks took place to obtain people's views and to observe staff supporting people. Monthly telephone calls were made to people to check their satisfaction with their care and support. We noted that the records of monitoring showed high levels of satisfaction with the service.
- People and family members confirmed that they were regularly asked for their views about their care and support.
- Meetings with staff took place to share information and provide opportunities for them to share and discuss issues related to their care practice. A staff member said, "The manager gives us information and asks us what we think." Staff said that they could discuss ideas and concerns with their manager at any time.

Continuous learning and improving care

- There was a culture of continuous improvement and learning within the service. The registered manager kept up-to-date with best practice and circulated information to staff. An ongoing programme of staff learning and development was in place to ensure that staff maintained and developed their skills.
- The provider had introduced an electronic recording and monitoring system. The registered manager said that this had enabled them to ensure that monitoring of care and support had improved. For example, it was easier to identify late care calls immediately.

Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were fully met. Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. Where people had been admitted to hospital the registered manager had ensured that contact was maintained with hospital staff to ensure that appropriate support was in place when they returned home.
- During our inspection we heard staff speaking with health and social care professionals on the telephone. We noted that these conversations showed that positive partnerships had been developed.

