

Maksanus Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Maksanus Care Services Limited on 29 November 2016 at which a breach of legal requirements was found. This was because the provider had not carried out quality assurance audits of care records nor analysed feedback received from people in order to improve the service.

On 1 March 2017 we undertook a focused inspection to check that the service had taken action in order to meet legal requirements.

This report only covers our findings in relation to the well led topic area. You can read the report of our last comprehensive inspection, by selecting the 'all reports' link for Maksanus Care Services Limited on our website at www.cqc.org.uk.

At our last inspection on 29 November 2016 we rated the home good in the four topic areas safe, effective, caring and responsive and good as the overall rating. The home was rated requires improvement in the well led topic area.

Maksanus Care Service Limited is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection, there were 60 people living in the London Borough of Brent who received care from the agency.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

At our focused inspection on 1 March 2017, we found that the provider had taken action to ensure that legal requirements were met. A system for reviewing records and monitoring quality of the service had been developed. Monitoring reviews had taken place during January and February 2017. However we were unable to identify whether actions had been put in place in respect of issues identified through this monitoring. This meant that we needed to see a track record of improvement over time in order to change the rating for well led from requires improvement.

The results of a recent service user satisfaction survey had been analysed and an action plan put in place to address any concerns. We saw that progress had been made towards completing the actions identified within the plan.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Aspects of the service were not well led. Although a quality monitoring system had been introduced, the forms used did not include comments or actions in relation to quality issues.

An action plan had been put in place to address issues arising from a recent satisfaction survey.

Quality assurance issues had been discussed at staff and management team meetings.

Requires Improvement ●

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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.

The inspection took place on 1 March 2017 and was unannounced. This inspection was carried out by one inspector.

Before our inspection we reviewed information that we held about the service. This included reports and notifications that had been provided by the service and the local authority.

During our inspection we spoke with the registered manager, the provider and two office based staff members. We looked at quality assurance records and other information relating to the management of the service.

Is the service well-led?

Our findings

During our comprehensive inspection of Maksanus Care Services Limited on 29 November 2016 we found that there were shortcomings in relation to the provider's quality assurance systems. Audits of people's care records had not been carried out by the provider. The service had a system for obtaining feedback from people who were supported by the service through an annual satisfaction survey. People told us that they completed surveys and some commented that they did not know what happened afterwards. There had been no analysis of feedback from these surveys and no record that they had been used to improve the quality of service to people.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At our focused inspection of 1 March 2017 we found that the provider had taken actions to address the requirements of the regulation. We found that a system had been developed in order to ensure that records in relation to the service were monitored on a regular basis. The new system required that five client and staff records were monitored each week using a form that covered, for example, care plans and risk assessments, care notes, medicines records and staff records. However, the forms did not include spaces for commentary or action plans, so we could not ascertain how the system could be used to record actions taken in response to any identified issues or concerns. This meant that further improvements were needed to ensure that the service's quality assurance system was used to fully assess, monitor and improve the quality and safety of the service.

We discussed this with the registered manager. They acknowledged that this was a limitation and told us that they would revise the forms to ensure that comments and actions were fully recorded in future.

We looked at the feedback from the most recent satisfaction survey of people who used the service which took place in November 2016. 18 people had responded to this and although many had expressed satisfaction with the support that they received, some had raised concerns. These included, for example, late calls, and the quality of information and communication. The information had been analysed in a document dated 18 January 2017 and a ten point action plan had been drawn up. We saw that some actions had been discussed and agreed at staff meetings held on 2 and 16 February 2017 and at a management team meeting on 15 February 2017. This showed that the service was taking action to ensure that people's feedback was being used to improve their support.