

Makai Care Limited

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## 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

This inspection took place on 25 October 2018. This was an announced inspection as Makai Care Limited is a small domiciliary care service and we needed to be sure someone would be available at the office. At the last inspection on 4 March 2016 the service was rated Good in all domains. At this inspection we found the service remained Good in all domains. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older and younger adults. Not everyone using Makai Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

Recruitment procedures were robust and effective and helped to ensure people were provided with care by suitable staff. Staff received training to ensure they had the skills to care for people safely and effectively. People received their medicines when they required them and there was a system to manage medicines safely.

People and their relatives were happy with the service they received from Makai Care Limited. They told us they felt safe using the service. Any risks to people and staff were assessed and monitored. Staff were knowledgeable and showed awareness of how to keep people safe. They understood the policies and procedures used to safeguard people.

People's rights in relation to making decisions was protected. People and where appropriate their relatives and other professionals had been involved in making decisions about their care. Staff understood their responsibilities in relation to gaining consent before providing support and care.

People were treated with kindness, dignity and respect and they were supported to remain as independent as they wished.

Staff were kept up to date with information concerning people or changes to their care. Staff contacted healthcare professionals to seek advice when concerns were identified regarding a person's well-being. People were supported to have enough to eat and drink when this was part of their identified care needs.

There was an open and inclusive culture in the service. Staff felt comfortable to approach the registered

manager for advice and guidance. Staff were well supported through regular meetings with their manager and training. They said they were listened to and were confident action would be taken promptly to manage any concerns raised.

The registered manager kept records relating to the management of the service which were comprehensive and appropriate.

Regular feedback was obtained from people using the service. The registered manager monitored the service through a system of audits and used these to improve the quality and safety of the service. A complaints policy was available and people were aware of it. No complaints had been received in the last year.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led.	<b>Good</b> ●

# 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 25 October 2018 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 one inspector.

Before the inspection, we reviewed the information we held about the service. No notifications had been received from the service. A notification is information about important events which the service is required to tell us about by law. We read previous inspection reports and we requested feedback from the local authority. They had not conducted a visit since the last inspection and there were no safeguarding issues. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR prior to our inspection.

During the inspection we spoke with three people and one relative on the telephone and received written feedback from a further three relatives of people who use the service. We received written feedback from two professionals who had dealings with the service and spoke directly with a further two. We spoke with one member of staff and the registered manager and received written feedback from a further three staff members. We looked at records relating to the management of the service. These included three people's care plans and associated risk assessments, and recruitment records for the two staff most recently recruited. We also reviewed training records, policies, the complaints and compliments log and the accident/incident log.

## Is the service safe?

### Our findings

The provider had effective recruitment procedures in place. Checks had been carried out to establish an applicant's identity and references had been sought to enquire about their conduct in previous employment. References had been verified and checked by the provider. An enhanced disclosure and barring service (DBS) criminal record check had been obtained to ensure applicants had no convictions which prevented them from working with vulnerable people. Recent photographic identification and a declaration of physical and mental health together with an exploration of any gaps in employment had been explored and documented.

People and their relatives told us they felt safe using the service. One person said, "Oh they are lovely and I always feel safe in their hands." A relative said, "I am happy in the knowledge that my mother is safe and not a burden on the NHS due to the quality of care provided." Another commented in response to whether their relative was safe, "Yes always."

Staff had received training in safeguarding vulnerable adults. They were comfortable to raise any concerns they had about people and would not hesitate to advocate on their behalf. There were clear reporting processes that staff were fully aware of. A whistleblowing policy was in place which staff knew about. They told us they would be happy to use it if they felt it was necessary.

People's individual risks were assessed. For example, those related to moving and positioning, development of pressure sores and management of medicines. The home environment was also assessed and any risks identified were noted and staff made aware of them. The registered manager discussed risks with the staff team and updated them regularly on any changes. Staff raised any change to risks and communicated them promptly to the registered manager in order that they could take appropriate action to ensure delivery of safe care.

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 since the last inspection. We received feedback from the local authority quality team who confirmed that there had been no incidents or issues with regard to any aspect of the provider's service.

There were sufficient staff to provide safe care. People and their relatives consistently told us they received their care visits on time. One person told us, "They are always punctual and if they are running late they let me know." One person did tell us that sometimes staff were late and she didn't always know who would be coming. We provided the registered manager with this feedback and she undertook to address this without delay. An on-call system was operated by the service and staff told us they were always able to contact the registered manager or senior staff for advice if necessary. One relative told us, "I am able to phone them 24/7 via a single number to a single person on duty and have used this service often."

People were supported to manage their medicines safely. The support people needed with medicines was assessed and documented in their care plan. The provider had a medicines policy which gave guidance on

safe management of medicines. Staff had received medicines training and their competency was checked during spot checks carried out by the registered manager.

## Is the service effective?

### Our findings

People's needs were fully assessed prior to a service being provided. A care plan was developed which was kept under constant review. A health care professional informed us that the care was always provided according to the service that they had commissioned. They went on to say that there was always good feedback from patients with some being upset when the package of care had come to an end and they were transferred to Social Services and another provider. This was because they had liked the carers at Makai Care Ltd so much.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager and staff had received training in the MCA and were able to demonstrate an understanding of how it applied to the people using the service. People had signed to give consent to their care plan whenever possible. The registered manager undertook to review their system for obtaining written consent which currently required signatures for numerous individual documents. She planned to streamline this process which would result in a more comprehensive and user-friendly system. When people were unable to consent due to a lack of mental capacity, people's families and other representatives would be consulted to ensure decisions were made in people's best interests.

People were supported by care staff who were trained to enable them to meet people's diverse individual needs. Staff knew people well. They had the knowledge and skills required to provide care effectively. People and their relatives had confidence in the staff that visited them and told us staff were well trained. Staff received induction training when they began work. This included mandatory topics such as moving and handling, health and safety and safeguarding vulnerable adults. The registered manager confirmed the care certificate standards (the new minimum standards that should be covered as part of induction training of new care workers) were now being used. Refresher training was also provided and a system was in place to indicate when training was due.

People were assisted by care staff who were supported by the management team of the service to deliver effective care. New staff worked alongside more experienced staff before working independently with people. The registered manager worked frequently with staff and observed the quality of their work. Staff felt well supported, they had regular meetings to discuss their work and plan their development.

Although healthcare appointments were generally made by people or their relatives, staff sought medical advice and assistance for people when necessary. For example, one relative told us, "The carers have on



occasions acted to care for my mother when they have found her collapsed or ill, on two occasions probably saving her life or from permanent impairment. They have administered emergency aid and called an ambulance then have stayed until the ambulance has arrived even after I have arrived."

People were supported with their diet when it was part of their care plan. Where staff had concerns about a person losing weight, they sought professional advice and monitored their well-being.

## Is the service caring?

### Our findings

People were offered individual support and care by a caring and committed staff team. The registered manager operated within and promoted a caring environment where people and staff felt cared for. People and their relatives told us staff were caring and respectful. A person using the service said, "They are all very kind to me, perfect really." One relative told us, "The levels of care are very personal to a degree I could never imagine was available. This is a wonderful sign of a company managed by someone who genuinely cares and hires nice people to do the job." Another relative said, "Our experience is limited but overall we are very satisfied. They are a nice, caring group of people." A health care professional told us, "The management staff and the people we talk to on the phone when sourcing a POC (package of care) are always very nice and very helpful and try to accommodate us. We really like them!"

People's diversity was recognised and wherever possible staff with similar cultural backgrounds or interests were actively sought to meet people's individual preferences. People were visited by a small consistent team of care staff. Staff knew people well and the registered manager felt they were able to do this because the service was small. People and relatives also commented on how well staff had got to know them and said this was valued immensely. People and relatives were involved in making decisions and planning care. They told us the registered manager had visited before the care started to find out what they wanted from the service. One staff member told us, "I am confident that people are safe and well treated because respect and dignity is exercised through-out and also by offering choices with what they want to eat or dress."

People were shown respect and their privacy and dignity was protected. Staff had received training in respecting people's dignity and examples were provided of how they did this when supporting people. For example, making sure people were covered appropriately during personal care and closing doors and curtains. People and their relatives confirmed staff treated them with respect. In response to the question whether people are treated with respect a relative told us, "Yes they are. I sometimes listen to the conversations and can confirm [name] and the carers have good interaction."

Staff supported people to maintain their independence as far as possible. How people should be supported with their independence was documented in care plans. One person told us that she never has a call on a Sunday morning because she goes to church. She said staff were very good at encouraging her to go out and get involved in community activities.

People's methods of communication were noted on care plans. They enabled staff to communicate with them in the way they needed and preferred to. Staff were also clear on respecting the way people liked things done and treating them as an individual. One relative commented, "The carers give all of the time that is needed. Sometimes when my mother is well they will leave a bit early if they are late but when she needs it they stay longer, sometimes much longer." This relative when referring to a member of staff told us, "She should be on the new year's honours list & get a medal from the Queen!"

People's personal information was kept securely and confidentially in the services office. Information was

kept in both electronic and paper form to which only the appropriate people had access. The provider had a confidentiality policy which care staff signed prior to commencing work confirming their understanding and responsibilities.

## Is the service responsive?

### Our findings

People were provided with a responsive and flexible service. Their changing care needs and people's requests and preferences were responded to in a timely way. Care plans included the necessary information for staff to offer people responsive care. One staff member told us, "The information on how care [should be] delivered can be found in their care plans or our daily notes."

The registered manager told us they visited people to complete an assessment before starting to care for them. This was to ensure they could provide the appropriate care and to find out about their personal preferences and needs. This assessment formed the basis of the person's individual care plan which detailed how the care was to be provided and gave guidance for staff to follow. Each visit to a person was documented individually and had clear directions on the care required. People had their care reviewed annually or when their needs changed. People told us they were contacted by the registered manager to monitor if their needs were being met and to identify any changes that may necessitate a review of their care plan. This was confirmed in discussion with people and their relatives.

People's communication needs were met and the service was able to produce information in different formats if necessary. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People always received their visits and they were nearly always on time. One relative responded regarding timeliness of calls by saying, "Not always, traffic conditions can sometimes cause delays." The local authority sent us a compliment they had recently received which stated, "They are wonderful – carers are good and arrive on time for visits, which the family and his mother were very happy with – compared to previous agency who often arrived at different times, which upset his mother." We were told staff would usually let people know if they were going to be late or if a staff member could not attend a visit. In the case of sickness or an emergency the registered manager sent another member of staff, or attended herself, 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. People and their relatives said they would feel comfortable making a complaint if it was necessary but told us they had not needed to complain. One person said, "I have no complaints." A health care professional told us, "We have never had a complaint about the agency from the people that have received care from them." They added, "If there is an issue with the patient they notify us asap so someone from the Reading Rapid team can take care of the situation." The complaints log showed no complaints had been received in the last year, however we noted that a number of compliments had been received from people or their relatives.

The registered manager visited people regularly and asked for feedback on the service. In addition, a survey

questionnaire had been sent out to people recently which was confirmed in discussion with them and/or their relatives. One said, "I have only just sent the survey questions back." We were told that any comments or issues arising from the questionnaires would be collated and an action plan would be implemented to address any concerns.

Staff received up to date information about people via the telephone, text message or in written care notes. Important information was shared promptly and staff felt they were kept up to date. This helped to ensure they provided responsive care to people.

At the time of the inspection no one was receiving end of life care. However, we were confident that if this changed the provider would ensure that the appropriate plans were in place after consulting with relevant and authorised family members and professionals.

## Is the service well-led?

### Our findings

People benefitted from a well-led service. The provider had a system in place to assess, monitor and improve the quality and safety of the services provided. A computerised system had been installed which recorded such events as service user review dates, staff training, one to one meetings and appraisals and flagged up when they were next due. The registered manager and relevant staff had received training to enable them to use the system effectively to monitor the service.

Audits included areas such as risk assessments, care documentation, service user involvement and surveys. The registered manager carried out these audits on a periodic basis and kept under review the regularity and frequency of all audits to ensure they obtained the most relevant information to further improve the service. The registered manager continued to identify areas for improvement from the auditing process, discussion with people and from spot checks. We were told attempts had been made to meet with the local authority to obtain feedback and to ensure continuing progress and development of the service. However, we were told because no issues had been identified with the service by the local authority it had not been considered necessary to have a meeting.

Accurate and complete records for each person using the service were kept. They contained details of people's individual needs and preferences and provided guidance for staff. Records of individual meetings with staff and spot checks were kept on staff files. Team meetings were recorded and appropriately filed. All records were kept locked in the registered manager's office to maintain confidentiality.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with relevant community professionals and were trusted by them to make the necessary referrals appropriately.

Staff had opportunities to say how the service could be improved and raise any concerns they had. They felt they were listened to and that their comments would be acted upon. Staff meetings were held regularly, topics discussed included training, quality of the service and the importance of one to one meetings for staff. Staff had also completed a questionnaire to provide feedback on the service and results were awaited. One staff member told us, "The service is well led and we are always informed of any developments or incidents".

There was an open and empowering culture in the service that was person-centred. The registered manager encouraged staff to go to her for advice and support whenever they needed to. Staff were happy to do this staff said they worked well together. One staff member commented, "We have a very good team, we support each other when we have issues (such as) covering shift or transport."

People and their relatives praised the registered manager, they told us she visited regularly and checked they were happy with the service. One relative told us, "I could not fault the service in any way, the service given has been outstanding and the quality of staff is amazing at care & management level." They went on to say, "I am going to retain this care (agency) when switching over to the council funded scheme even though I

will have to use direct pay & claim back the cost or may have to contribute on top as the service is so good." One person told us, "I would not hesitate to recommend them to anyone."

The manager kept up-to-date with all legislation and good care guidance. For example, she fully understood when statutory notifications had to be sent to the Care Quality Commission (CQC), the Accessible Information Standard and the duty of candour.