

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Maksanus Care Services Limited

Pavilion Flat, Westfield Sports Ground, Grove
Park, London, NW9 0JP

Tel: 02082006551

Date of Inspection: 18 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Staffing	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Maksanus Care Services Limited
Registered Manager	Mr Ben Koroma
Overview of the service	Maksanus Care Services Limited is a domiciliary care service based in North-West London. The location is currently registered for the regulated activity of personal care. It is a small sized agency currently providing care and support to people living in their home.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions: is the service safe, effective, caring, responsive and well-led?

As part of this inspection we spoke with two people who used the service, two relatives and three care staff. We also reviewed records relating to the management of the care service which included the care records of three person who used the service.

Below is a summary of what we found. The summary describes what people using the service, their relatives and the staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care files contained risk assessments including moving and handling, environmental and medication risk assessments. We saw that risks to people and ways to reduce the risks were identified in order to ensure that their needs were met as safely as possible. We also saw that people health needs and medical conditions were recorded.

There were adequate arrangements in place to deal with foreseeable emergencies.

There were enough qualified, skilled and experienced staff to meet people's needs.

Is the service effective?

We spoke with two people and two relatives of people who used the service. They said they were satisfied with the service that Maksanus Care Limited provided. Their comments included "They are very nice, very good", "They're brilliant" and that "Everything goes well."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records that showed their needs were assessed and a care plan was written prior to the commencement of the service. We saw that all files contained a detailed care plan which included information about people's preferred daily routines, interests, likes and dislikes.

People's individual needs, choices and preferences were reflected in their care plans and a full weekly schedule of people's visit including their required support was also part of people's care records.

Is the service caring?

We spoke with two people and two relatives of people who used the service. They said the staff were "very polite, respectful and professional" and that there were "no problems." People we spoke with did not raise any concerns with us regarding their well-being and safety.

We found that people who used the service expressed their views and were involved in making decisions about their care and support. We looked at three people's care records that showed their needs were assessed and a care plan was written prior to the commencement of the service. People or their relatives signed these documents evidencing their involvement and agreement with the plans. We saw that the plans took into account people's individuality and were personalised. People's communication, mental health and cultural/spiritual needs were also assessed to guide and help staff to ensure people's dignity and that appropriate choices were offered them.

People's diversity, values and their rights were respected. Records showed that issues around equality and diversity, dignity and privacy, rights and choice were discussed as part of the staff's induction. Staff were also given a handbook that provided further details regarding what was to be considered when they provided support to people in order to ensure professional standards in providing care. Staff we spoke with confirmed they read the handbook and demonstrated their knowledge and understanding of the need to ask people's consent prior to providing care and support to them. Staff also said it was important to offer choices to people regarding, for example what they wanted to eat or what clothes they wanted to wear.

Is the service responsive?

We found that spot checks had been implemented by the care coordinator to ensure staff provided care in line with people care plans. This involved checking people's daily records that was written by staff at the end of each visit and talking to and visiting people and their relatives on a regular basis. Staff we spoke with told us they read the care plans of the people who they supported. They also told us they received a 'rota' for each week which

included who and when they were to support that week. We looked at two of these rotas which also contained the required support to complete on each visit and key information about the person and their support needs.

We found that the service took account of complaints and comments to improve the service. For example, we found issues had been raised by a person's relative when they were unhappy about their service. We saw that appropriate actions were taken and an agreement was written which clarified how the person's relative would be involved in decision making regarding the care and support of their relative in the future.

Is the service well-led?

The service had a system in place to assess and monitor the quality of its service. The system included the completion of service user satisfaction surveys in order to get feedback regarding the service. The care coordinator was also in contact on the telephone with people who used the service and visited them regularly to ensure the quality of the service. People and their relatives were asked for their views about their care and whether they were satisfied with the support they received. We found that appropriate changes were made to the service following people's feedback.

We asked staff how they felt about their job and they said "(I'm) very happy" and "Everything is ok, (there's) no problem." They also said the management was approachable and flexible and that they received all the support they needed to do their job.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We found that people who used the service expressed their views and were involved in making decisions about their care and support. We looked at three people's care records that showed their needs were assessed and a care plan was written prior to the commencement of the service. People or their relatives signed these documents evidencing their involvement and agreement with the plans. We saw that the plans took into account people's individuality and were personalised. People's communication, mental health and cultural/spiritual needs were also assessed to guide and help staff to ensure people's dignity and that appropriate choices were offered them.

People who used the service were given appropriate information and support regarding their care or treatment. The care coordinator told us people who used the service had a copy of their care plan and a 'service user' handbook was also given to them which contained the terms and conditions of the service that was provided. This was confirmed by people who we spoke with.

People's diversity, values and their rights were respected. Records showed that issues around equality and diversity, dignity and privacy, rights and choice were discussed as part of the staff's induction. Staff were also given a handbook that provided further details regarding what was to be considered when they provided support to people in order to ensure professional standards in providing care. Staff we spoke with confirmed they read the handbook and demonstrated their knowledge and understanding of the need to ask people's consent prior to providing care and support to them. Staff also said it was important to offer choices to people regarding, for example what they wanted to eat or what clothes they wanted to wear.

We asked staff about how they provided opportunities to people to express their views and/or to change any decisions about their care and support. Staff told us that people had the opportunity to raise any issues on a daily basis during their visits or when their care plan was reviewed. We also saw records about regular telephone monitoring calls to obtain people's feedback regarding their support.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke with two people and two relatives of people who used the service. They said they were satisfied with the service that Maksanus Care Limited provided. Their comments included "They are very nice, very good", "They're brilliant" and that "Everything goes well."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at three people's care records that showed their needs were assessed and a care plan was written prior to the commencement of the service. We saw that all files contained a detailed care plan which included information about people's preferred daily routines, interests, likes and dislikes. A full weekly schedule of people's visit including their required support was also part of people's care records.

We found that spot checks had been implemented by the care coordinator to ensure staff provided care in line with people care plans. This involved checking people's daily records that was written by staff at the end of each visit and talking to and visiting people and their relatives on a regular basis. Staff we spoke with told us they read the care plans of the people who they supported. They also told us they received a 'rota' for each week which included who and when they were to support that week. We looked at two of these rotas which also contained the required support to complete on each visit and key information about the person and their support needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care files contained risk assessments including moving and handling, environmental and medication risk assessments. We saw that risks to people and ways to reduce the risks were identified in order to ensure that their needs were met as safely as possible. We also saw that people health needs and medical conditions were recorded. We also found that following feedback from staff, the care coordinator visited a person who used the service and requested an occupational therapy assessment in order to ensure that all necessary equipment was in place to support the person safely.

There were arrangements in place to deal with foreseeable emergencies. The service had a business continuity plan and the employee handbook contained the procedures that staff

had to follow in case of various emergencies. This included what to do if a person who used the service had not responded or answered the door when staff visited or when people were unwell. The care coordinator told us they were 'on-call' at all times to help staff to deal with emergencies. Records showed that staff had first aid training as well.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with two people and two relatives of people who used the service. They said the staff were "very polite, respectful and professional" and that there were "no problems." People we spoke with did not raise any concerns with us regarding their well-being and safety.

The service had a policy for safeguarding adults from abuse and the London multi-agency policy and procedures to safeguard adults from abuse was also available in the service's office. We also found that the employee handbook contained detailed information about safeguarding adults, described the different types of abuses, ways to prevent abuse to happen and the procedure for reporting any concerns.

Staff we spoke with confirmed that they received in-house training and that they read the employee handbook. They also demonstrated their knowledge about the possible signs of abuse and said they would report abuse or allegations of abuse to the care coordinator or to the manager.

The care coordinator told us and records confirmed that they were in regular contact with people who used the service and their relatives to ensure that people were safe and satisfied with the service. The service had not had safeguarding issues since our last inspection on 10 July 2013.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with two people and two relatives of people who used the service. They said the staff arrived "More or less on time", there were "no major delays" and that "they (staff) do arrive on time." We asked staff how they felt about their job and they said "(I'm) very happy" and "Everything is ok, (there's) no problem." They also said the management was approachable and flexible and that they received all the support they needed to do their job.

We looked at people's care records and saw that their needs were assessed and the required support had been identified. People who used the service had weekly visit schedules that included the support tasks staff needed to provide on each visit. The care coordinator told us they allocated staff to support people taking into account their availability. A weekly rota was given to staff for the following week at the end of each week. The care coordinator also said that staff sickness or absence was covered by either other staff or by themselves informing the person who used the service about the changes.

We found staff had completed in-house training courses that were relevant to their roles to ensure they had the necessary skills. This included safeguarding adults, infection control, food hygiene, first aid, medication and health & safety. The care coordinator told us that some staff had already had at least level 2 national vocational qualifications in health and social care and that there were plans to enrol further staff on courses in order to obtain the qualification.

We also saw records about 'spot checks' on staff and their performance. Records showed that staff had the necessary skills and experience to support people according to their care plan.

The care coordinator told us they were in the process to recruit further staff to make sure they could cope with the estimated increase of demand for their services.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The service had a system in place to assess and monitor the quality of its service. The care coordinator was also in contact on the telephone with people who used the service and visited them regularly to ensure the quality of the service. People and their relatives were asked for their views about their care and whether they were satisfied with the service they received. People who used the service also completed 'satisfaction surveys' in order to give feedback regarding the service. We saw three of these forms which showed that they rated the different aspects of the service that was provided to them good and/or excellent. These forms were completed in October 2013.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Records showed that appropriate actions were taken to ensure a person received the care they needed when a staff missed to visit them. The issue then was formally addressed with the member of staff by the care coordinator.

We found that the service took account of complaints and comments to improve the service. For example, we found issues had been raised by a person's relative when they were unhappy about their service. We saw that appropriate actions were taken and an agreement was written which clarified how the person's relative would be involved in decision making regarding the care and support of their relative in the future.

We found that risk assessments were completed regarding people's accommodation to ensure their and staff's welfare and safety.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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