

Maksanus Care Services Limited

Maksanus Care Services Limited

Inspection report

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

Tel: 02082006551
Website: www.homecare-brent.co.uk

Date of inspection visit:
29 November 2016

Date of publication:
29 December 2016

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?	Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Maksanus Care Service Limited on 29 November 2016. This was an announced inspection where we gave the provider notice because we needed to ensure someone would be available to speak with us.

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 who received personal care from the agency.

The service was last inspected on 18 June 2014 and was meeting the required standards at the time of the inspection.

The service had a registered manager in place. 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.

Risk assessments had not been completed in full to reflect people's current needs and did not take into consideration their health needs. After the inspection, the registered manager sent us the completed risk assessments.

There was a decision making section on people's care plans. Care plans documented if people were able to make decisions. Staff told us they requested consent from people before providing personal care. People and relatives confirmed this.

The management team understood the principle of the Mental Capacity Act 2005 (MCA) and the decisions made in relation to the Act were being followed by staff. However, care staff had not received MCA training and were not able to tell us the principles of the MCA. The registered manager told us that training would be arranged for all staff.

Audits were not being carried out on people's records such as risk assessments that would have helped identify the issues found during the inspection.

People were protected from abuse and avoidable harm. People and relatives we spoke to told us they were happy with the support received from the agency and they felt safe around staff. Most staff we spoke to knew what abuse was and who to report abuse to. However, one staff member was not aware of the different types of abuse and who to report abuse to and another staff member did not know the different types of abuse.

Staff told us they were supported by the management team and had received supervision and spot checks. Records confirmed this.

Staff meetings were being held and recorded.

Aside from training in MCA, staff had regular training to ensure knowledge and skills were kept up to date.

People and relatives we spoke to told us that staff communicated well with them and with relatives. People's ability to communicate were recorded in their care plans.

Pre-employment checks had been undertaken to ensure staff were suitable for the role.

People were encouraged to be independent and their privacy and dignity was maintained.

We identified breaches to regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014, relating to audits and analysing feedback from people that received personal care. You can see what action we have asked the provider to take at the back of the full version of this report.

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.

Risk assessment had not been carried out in full for some people. After the inspection, the registered manager sent us the completed risk assessments.

Most staff knew the different types of abuse and who to report abuse to. Two staff were not aware of the safeguarding procedures.

People and relatives told us they felt safe around staff.

Recruitment procedures were in place to ensure staff were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

The management team understood and applied the principles of the MCA. There was a decision making section on people's care plans. Care plans documented if people were able to make decisions.

Staff asked for consent from people before providing personal care. People and relatives confirmed this.

Staff told us and records confirmed that they received supervision and were supported.

Staff had received an induction. Records showed that staff had undertaken mandatory training, which included first aid, moving and handling, health and safety, risk assessments and food and hygiene. Staff had also undertaken training in specialist areas such as dementia awareness.

Is the service caring?

Good ●

The service was caring.

People and relative told us that staff were caring and respected people's privacy and dignity.

Staff had good knowledge and understanding of people's background and preferences.

Is the service responsive?

Good ●

The service was responsive.

Care plans included people's care and support needs and staff followed these plans.

There was a complaint system in place. Staff were able to tell us how they would respond to complaints. Records showed complaints had been investigated and action had been taken.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well-led.

Quality assurance systems were not in place to make continuous improvements.

Feedbacks from survey's had not been analysed and used to make continuous improvements.

Spot checks were being carried out and communicated to staff.

Staff were supported by management.

Maksanus Care Services 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.

The inspection was carried out on 29 November 2016 and was announced. The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including the Provider Information Return pack, which the service had sent to us telling us how they manage the service under the five key lines of enquiries. We also made contact with social care professionals from local authorities that worked with the agency for any information they had that was relevant to the inspection.

During the inspection we spoke with the registered manager and the provider. We looked at six care plans, which consisted of risk assessments. We reviewed five staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures.

After the inspection we spoke with 11 people, seven relatives and five staff.

Is the service safe?

Our findings

People and relatives told us that they felt safe around staff employed by Maksanus Care Service Limited. A person told us, "Having the carers coming in helps me to feel safe and well cared for" and another person told us, "I get on very well with all the carers. They don't have the easiest of jobs, but they always cheer me up." A relative told us, "[The person's] carer coming in helps [the person] to feel safe." A social care professional told us, "Always [Maksanus Care Service Limited] try to put [the person] needs first."

Records showed on one person's care plan that the person had transferred to another agency but wanted to return to receive personal care from Maksanus Care Service Limited again as they felt safe and also liked the staff.

Most staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Three staff members were able to explain what abuse was and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service. However, one staff member was not aware of the different types of abuse and who to report abuse to and another staff member did not know the different types of abuse. We looked at the provider's safeguarding procedure, which provided clear and detailed information on how to report allegations of abuse and the different types of abuse.

People told us that staff turned up on time in general and the support they received was what they expected. They told us that staff always stayed for the expected time and made sure that they were happy before leaving. However, most people told us that when staff were running late, it was up to them to call the office to find out what had happened, rather than the office contacting them. One person commented, "I do wish, sometimes, that the office would phone me and let me know when my carer is likely to arrive, I usually find that it's up to me to phone them and most times they haven't got any information to give me other than the fact that they are due to get to me at some point. Thankfully, though, it doesn't happen very often."

There was system in place for staff to alert the service if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. There was an electronic monitoring system in place and staff had to log in and out via telephone when they attended care visits. The provider was able to assess if staff had attended an appointment and at what time. The system also alerted management if staff had not attended an appointment, were late or did not log in. A member of the management team could then make checks. The registered manager told us that if emergency cover was needed, then staff were available to provide cover. People and relatives told us that there had been no missed appointments. Staff told us that they had no concerns with staffing levels and cover was in place if they needed time off. Records showed that there had been a small number of missed calls in recent months, however, the missed calls had been investigated in full and action taken to minimise the risk of re-occurrence.

Risk assessments were undertaken with people to identify any risks and provided information for staff to keep people safe such as on physical health, mobility, personal care, behaviour, communication, decision making and environment.

The service had identified if people were at risk of falls. Records showed two people were at risk of falls. Although risk assessments had been completed to prevent falls, the assessment did not include the major reasons the people could fall. Records showed one person was at high risk of falls when intoxicated and another person was at high risk of falls prior to sitting down, this information had not been included to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications. In another risk assessment, records showed a person was at risk of choking and prior to receiving personal care from the agency choked on a particular type of fruit. A risk assessment on choking and the type of food the person might choke on had not been completed. We fed this back to the provider and registered manager, who informed that this information will be included on the risk assessment immediately. After the inspection, the registered manager sent us the completed risk assessments.

Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the staff. The registered manager told us staff members do not commence employment until pre-employment checks had been completed. This corresponded with the start date recorded on the staff files.

The registered manager told us that staff only prompted people to take their medicines and did not support with administration. Records showed staff had received training in medicine management. We looked at three people's medicine administration records (MAR) that staff completed for people and found that people received their medicine regularly and on time. On one person's MAR chart records showed gaps on 21, 24 and 27 November 2016. The registered manager informed us that a nurse had supported the person with medicine during these days. There were risk assessments on medicines, which listed if people managed their own medicines and a care plan that listed the type of medicine people took and the dosage.

Is the service effective?

Our findings

People and relatives that we spoke with felt that staff had the skills and knowledge to meet people's needs effectively. A person told us, "They [staff] always manage remarkably well" and another person commented, "I think the training they have is alright for my needs. I've never had any complaint about the carers themselves."

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.

We checked whether the service was working within the principles of the MCA.

Staff told us that they always asked for consent before providing personal care and if people refused then this was respected. People and relatives confirmed this. A person told us, "I'm always asked if I'm ready to make a start in the morning and if I'm not, I only have to say and they [staff] will do some tidying up for me while they wait for me to feel alright." A staff member told us, "I ask for consent, I have to" and another staff member told us, "I ask consent, I have to respect them."

There was a decision making section on people's care plans. The care plans covered if people could make decisions on personal care. Records showed that a staff member had made a referral to a health professional to make a best interest decision due to concerns about the person's ability to make a decision in respect to their health and a best interest decision had been made. Follow up actions had been taken by the service when concerns were raised that the best interest decision was not being followed by family members to prevent the risk of health complications.

Whilst the management team understood the MCA and the decisions made in relation to the Act were being followed by staff, care staff had not received MCA training and were not able to tell us the principles of the MCA. The registered manager told us that training would be arranged for all staff.

Staff told us that they received induction training when they started working at the agency and records confirmed this. Staff confirmed that the induction training was useful and covered important aspects about the agency such as personal care, health and safety and fire safety. Staff also shadowed experienced members of staff to gain understanding of the role, meet people and understand their needs before being able to work alone.

Records showed that staff had undertaken mandatory training, which included first aid, moving and handling, health and safety, risk assessments and food and hygiene. Staff had also undertaken training in specialist areas such as dementia awareness. The service had a training matrix in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to

training and received regular training. The provider told us that new staff would now complete the Care Certificate, which is a set of standards that social care and health workers adhere to in their daily working life. One staff member was training to complete the Care Certificate. Staff told us they found the training helpful to do their jobs. One staff member told us, "I received training, I learnt so many things" and another staff commented, "I find it [training] very useful."

Records showed that the home maintained a system of appraisals and supervision. Staff told us and records confirmed that they received regular supervision and support from management. A staff member told us, "The support is always there" and another staff commented, "They [management] do support carers." Individual one-to-one supervisions were provided recently. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016.

The registered manager told us that staff only prepared meals for people that had already been made and they did not cook meals from scratch. People and relatives we spoke to confirmed this. Records showed that people's dietary requirements had been recorded. Staff told us that if people did not want their pre-made meals then they would offer alternatives according to people's preferences such as sandwiches. A person told us, "My carer will sometimes make me a sandwich which she will put in the fridge and cover up before she leaves in the morning so that I don't have to struggle at lunchtime."

People's care plans listed details of healthcare professionals such as GP's and included their current health condition that listed the support a person would need. Staff we spoke to were able to tell us how they would identify if people were not feeling well such as a change in their behaviour, communication, demeanour and body language. Staff told us depending on the situation they would report to family members or in serious situations would call a doctor or ambulance. One person told us, "I was taken ill once whilst my carer was there. She phoned the office and explained how she had found me and the office told her to call the ambulance, which she did. She then waited with me until the ambulance arrived and then wrote everything in the records before she left. She also telephoned my daughter so that my daughter could meet me at the hospital. I must say I felt very supported on that occasion." Another person commented, "My carer had to call the ambulance for me one morning when she came in and discovered that my blood sugar levels had dropped dramatically and she found it difficult to wake me. She organised the ambulance, phoned my son and had made me comfortable, all in the matter of a few minutes and I thought she was lovely in the way she was there with me."

Is the service caring?

Our findings

People and relatives that we spoke with were happy with the staff and spoke positively about their relationship with them. They told us that staff were caring and treated people as individuals. One person told us, "All the carers are lovely" and another person commented, "They always want to make me a cup of tea before they go and they are so bubbly and lively. I love them all." The staff we spoke to spoke fondly of the people that they provided support to, a staff member told us, "I treat others the way I like to be treated."

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff members were able to tell us the background of people and the support they required. A person told us, "I'm usually made a cup of tea in the morning, because my carers know that I need something inside me before we can tackle a shower these days." Another person told us, "Because I've had my four carers come to me for well over a year now, they all know me really well and my family and I know them. I think they understand my needs very well, all things considering."

Staff told us they always encouraged people to do as much as they could to promote independence. Care plans described daily routines in detail including information on what people would need support with. People's needs were reviewed regularly and care was planned and delivered in line with their individual care plans. People and relatives told us that people were able to make their own choices about what to do.

Staff told us that they respected people's privacy and dignity. Staff told us that they would always knock on people's door and wait for an answer before entering. Staff told us that when providing particular support or treatment, it was done in private. One staff member commented, "I close the door behind when giving care." People and relatives told us that staff treated people with respect and dignity when providing personal care. A person told us, "Because I live with my family, there are a lot of people around all of the time and my carers are really good and make sure that they never start helping me in the morning until they have shut the bedroom door so that nobody else in the family can see what we are doing."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

The service had an equality and diversity policy. Religious beliefs were discussed with people. Their preferences were recorded in care plans. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. People and relatives we spoke to had no concerns about staff approach towards them. A person told us, "I think they [staff] are all lovely and considering the hard job they have to do, they always arrive here with a smile on their face and greet me warmly."

People and relatives told us that staff communicated well and took the time to make sure that they were involved in people's care. They felt that staff explained clearly before going ahead and carrying out any care

tasks. People were supported to use their preferred style of communication and these were recorded on care plans for staff to understand how people communicated with their hearing ability such as on one care plan the plan listed that staff should speak slowly to a person using short sentences as the person had difficulty in hearing.

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs. A person told us, "They [staff] never mind helping with extra jobs like changing my bedding or organising my washing" and another person told us, "Because I have help to have a shower, I did say that I would prefer female carers as I wouldn't feel comfortable undressing in front of a male carer. They have never sent me a male carer so I am grateful to them for that."

People and relatives told us that the agency offered them a choice on the gender of the carer they would prefer. A relative told us, "I was asked, and I did say to them that [the person] would only like female carers. [The person] has now been looked after for nearly a year and has only had female carers in all that time." A person told us, "I was certainly asked about what time I would like the visits and also whether I preferred male or female carers." Another person told us, "My family are all from [country of birth], as are most of the carers, or certainly the carers that I see are, and that makes a real difference to me because I don't have to explain certain things to them because they just understand them as they share the same background as me." This meant that the agency responded to people's preferences and choice of staff that people would be comfortable with.

The care plans we reviewed had a personal profile outlining people's religion, ethnicity and access to the property and if the area was safe. The care plans provided information on people's backgrounds and their family members. The care plans also contained information on people's medical conditions, physical health, behaviour and types of medicines they took. The plans listed people's strengths in these areas and the support they required providing staff with information so they could respond to people positively and in accordance with their needs.

People's care plans were personalised and person centred to people's needs and preferences. Staff told us they had time to provide person centred care and to interact with people. One staff member commented, "I will always make some time to sit with them [person] with a cup of tea and give them company." A person told us, "I can have a good old chat with all of them."

Reviews were undertaken regularly with people, which included important details such as people's current circumstance and if there were any issues that needed addressing. Where there were changes in people's care and support needs, care plans were updated accordingly.

There was a daily log sheet, which recorded key information about people's daily routines such as behaviours and the support, provided by staff. Staff told us that the information was used to communicate between shifts on the care people received during each shift.

Records showed complaints were investigated in full and appropriate action had been taken with the outcome recorded. People and relatives told us that they did not have any complaints about the agency and felt they could raise concerns if they needed to. When we spoke to staff on how they would manage complaints, they told us that they would record the complaint and inform the management team to

investigate.

There was a social skill section in people's care plans that listed what activities people preferred and enjoyed doing. In one care plan, records showed a person liked to attend community centres and the care plan noted that staff should encourage the person to attend community centres. Staff told us that they tried to encourage people to participate in activities. A staff member told us, "In the afternoon we talk and read books" and another staff commented, "I take client to shopping, we go for walks."

Is the service well-led?

Our findings

Staff told us they were happy working for the agency. A staff member told us, "I love my job" and another staff member commented, "I really enjoy working for them [Maksanus Care Service Limited]." A social care professional told us, "Overall, it is a good provider."

Despite these positive comments, some aspects of the service were not well-led.

Audits had not been carried out on people's records. On reviewing people's care plans, risk assessments in important areas had not been included in order to ensure staff had the relevant information to provide high quality care at all times and to minimise risks to people's safety. Whilst risk assessments were submitted after the inspection, audits might have helped identify these issues to ensure high quality care was being delivered at all times and ensure that risks were minimised.

The service had a quality monitoring system which included questionnaires for people who received personal care from the service. People told us they completed surveys. However, some people commented that they did not know what happened afterwards. A person told us, "I filled in a questionnaire a few weeks ago, but I don't think it said anything on it about what happens next" and another person commented, "I think over the last couple of years, I've filled in a few surveys, but I can't honestly say I can remember hearing anything about them afterwards." We saw the results of the recent questionnaires, which included questions around staffing, punctuality and service. The feedback was generally positive. Comments from the survey included, "They are good", "Service is great", "Staff is polite" and "Please keep up standard of service currently being provided and ensure it does not deteriorate." However, there were some areas on the survey that people commented that required improvement, such as punctuality. Some people also told us that staff would not phone them if they were running late.

The feedback from 2015 and 2016 had not been analysed. The agency had not used the results of the survey to make improvements to the service to ensure high quality care was always being delivered.

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

The registered manager told us spot checks were carried out, which included observing staff when they were caring for people to check that they were providing a good quality service. This was confirmed by staff. Records confirmed regular spot checks were being carried out and the results were communicated to staff.

Staff meetings took place. At these meetings staff discussed about people that received a service, concerns, punctuality, care plans and record keeping. Minutes of the staff meetings were available for staff to view.

Staff members were positive about the management. One staff member told us, "She [provider] is very attentive, anything I need, I can ask her" and another staff member commented, "They [management] speak to you with respect." Staff told us that they were supported in their role, the service was well-led and there

was an open culture where they could raise concerns and felt this would be addressed promptly. Staff told us they could speak with the registered manager and the provider when they needed to and felt that their comments were listened to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have systems and processes such as regular audits of the service to assess, monitor and improve the quality and safety of service.</p> <p>Survey feedback completed by people receiving personal care had not been analysed and used to drive improvements to the quality and safety of services.</p> <p>Regulation 17(1)(2)(a)(e)</p>