

Maxxicare Ltd

# Maxxicare Ltd

## 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

### About the service

Maxxicare Ltd is a domiciliary care service providing personal care to people at the end of their life in their own homes. At the time of this inspection, 15 people were receiving a service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People were safeguarded from the risk of harm or abuse. Staff were recruited safely and there were enough staff on duty to meet people's needs. People had risk assessments to reduce the risk of harm they may face. People were protected from the risks associated from the spread of infection. Medicines were managed safely. The provider had a system in place to learn lessons from accidents and incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff asked for consent before delivering care. People had their care needs assessed before beginning to use the service. Staff were supported with training opportunities, supervision and appraisal. People were supported with their nutrition and hydration. Staff supported people with their healthcare needs.

People's cultural and religious needs were met. Staff were knowledgeable about the people they supported and their care needs. People and relatives were involved in deciding how they wanted their care. Staff promoted people's privacy, dignity and independence.

Care records were detailed, personalised and outcome based. People's communication needs were met. Staff supported people with activities where this was part of their care plan. The provider had a system to record and respond to complaints. People's end of life care wishes were documented so they could receive this type of care in a sensitive manner.

People, relatives and staff spoke positively about the leadership in the service. The provider had regular meetings with the management team and with staff so they could express their views about the service. The provider worked jointly with healthcare professionals and carried out quality checks to improve outcomes for people.

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

### Rating at last inspection

The service was registered with us on 22 September 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection because they had not been previously inspected.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Maxxicare Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection team consisted of 1 inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 1 days' notice of the inspection. This was to allow us to set up the inspection remotely with the provider and to enable the service to securely share information with us electronically. Inspection

activity started on 13 February 2023 and ended on 5 May 2023.

#### What we did before the inspection

We reviewed information we had about the service since they became operational. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service and 2 relatives of 2 other people. We spoke with the registered manager and communicated electronically with 7 care staff. We looked at a range of management records including, medicines, quality audits and staff training. We reviewed 5 people's care records including risk assessments and 4 staff recruitment records. The registered manager sent us documentation we asked for and clarified any queries we had.

This performance review and assessment was carried out without a visit to the location's office. We used phone calls and technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity started on 13 February 2023 and ended on 5 May 2023.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of harm or abuse. Responses from people about feeling safe with care staff included, "Yes 100 per cent safe" and "Yes absolutely [safe], they are wonderful."
- Relatives told us they felt their relative was safe with staff. A relative told us, "I do [feel relative is safe]. [Person] struggles a bit so I am here to hold their hand." Another relative said, "Yes I do think [relative] is safe. The carers have been amazing."
- Staff understood what actions to take if they suspected somebody was being abused. Responses included, "I will report [suspected abuse] immediately to the management and the other authorities" and "I can whistle blow to CQC and the designated safeguarding lead at the local authority."
- The provider understood their responsibility to report safeguarding concerns to the relevant authorities.

Assessing risk, safety monitoring and management

- People had risk assessments as part of their care plan to give guidance to staff about how to manage the risks of harm the person may face.
- Risk assessments included the risks associated with the environment, skin integrity, the use of bed rails, wheelchairs and hoists, falls and mobility, moving and handling, nutrition and mental health.
- People's care plans included guidance for staff about how to manage the risks. A person's care plan stated for managing environmental risks, "My environment should be kept clean, tidy and free from any hazards."
- The registered manager explained, "We make sure we complete the assessment prior to starting the care package. We can then see what equipment they have in place and the environment is hazard free."
- People with specific health conditions had a risk assessment relevant to their condition. For example, a person with diabetes had clear guidance for staff about the symptoms for high and low blood sugar and how to treat this.

Staffing and recruitment

- The provider had a safe recruitment process in place. They carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. These included proof of identification, references and the right to work in the UK.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for new staff and regular updates obtained for all staff.
- There were enough staff employed to meet people's needs. People and relatives told us staff never missed a visit but on occasions were late due to being delayed at the previous person visited or heavy traffic.
- Staff told us they were given enough travel time. A staff member told us, "The way the rota is structured,

there is considerable time of about 30 minutes intervals between the calls that allows the carers to plan their journey to arrive early before start of the next shift."

- The provider used an electronic call system where staff logged their arrival and leaving times for each visit. This enabled lateness to be identified and reasons for this to be explored with the individual staff member concerned. We noted timekeeping was discussed at staff meetings.

#### Using medicines safely

- People's medicines were managed safely. Medicine administration records were completed appropriately and checked by office staff during monthly audits.
- Care plans detailed if a person was able to manage their own medicines independently or needed support. This included details about how the person preferred to take their medicines.
- Staff received training in the safe management of medicines.

#### Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. The provider had an infection control policy which gave guidance to staff about how to reduce the spread of infection.
- People and relatives told us staff protected them from the risk of infection. Responses included, "They [staff] are very good", "Yes they do" and "Absolutely they do."
- Staff understood how to prevent the spread of infection. A staff member told us, "I ensure to always wear gloves and aprons when assisting with personal care and changing gloves when I am changing tasks to prevent cross infection."
- The provider had 2 field supervisors who were responsible for checking there was enough personal protective equipment (PPE) in people's homes two specified days a week.
- Staff confirmed they had adequate amounts of PPE, would inform the management if they were running low and new supplies would be provided the same day.
- Care plans included guidance for staff about how to reduce the spread of infection for the person such as sanitising hands and wearing the correct PPE.

#### Learning lessons when things go wrong

- The provider kept a record of accidents and incidents and used these to learn lessons so improvements to the service could be made. Staff confirmed lessons learnt from incidents were shared with them.
- The registered manager explained they had different electronic group chats; a management group chat and a care staff group chat. They told us, "We bring lessons learnt to [staff] meetings."
- The provider had notified CQC appropriately of incidents that had occurred.



# Is the service effective?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they began to use the service so the provider could be sure they could meet the person's needs.
- Assessments included living arrangements, relationships, interests, culture and spiritual needs, health needs, daily living support needs and support needed with nutrition and hydration.
- Care plans detailed what support a person needed, and when and how they needed it. Records detailed what tasks the person could complete independently and included if they could direct their own care.

Staff support: induction, training, skills and experience

- People were supported by suitably qualified and experienced staff. Relatives told us they felt staff had the right skills to support people using the service. A relative said, "I believe they do [have the right skills]. I can't fault the care they give to my relative."
- Staff confirmed they received training and found this useful. A staff member told us, "[Registered manager] led by example and shows the ethics of good quality care. As head of the management, [registered manager] invests heavily in staff training and ensures staff are supported to develop and grow."
- Records showed staff received regular training including dementia awareness, infection control, safeguarding adults, health and safety and moving and handling.
- The registered manager told us new staff received an induction which included 5 days shadowing experienced staff and completing mandatory training courses. They sent us a copy of the induction booklet new staff were expected to complete.
- Staff were required to complete the Care Certificate and records confirmed this. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up the 15 minimum standards that should form part of a robust induction programme.
- Records showed staff were supported with regular supervision and appraisal. Discussions at these meetings included the wellbeing of the staff and people using the service and training needs.
- Staff told us they found supervisions and appraisal useful. A staff member explained, "I find them useful to get feedback on my performance and plan development opportunity for the next three months."

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

- People were supported with their nutrition and hydration. Care plans detailed people's support needs with this. A person's care plan stated, "I can eat independently if food and drink is served within my reach."
- Care plans included people's preferences in relation food and drink and detailed the support needed to

prepare these.

- Staff explained how they supported people with nutrition and hydration. A staff member said, "I ensure [people] have enough to eat and drink by ensuring I leave a glass of their favourite drink and water by their side and some snacks on top of their main meal."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. Care plans detailed people's health support needs including whether support was needed to make and attend appointments including the GP and district nurses.
- Where appropriate, the outcome of healthcare appointments was documented in care records.
- People's oral care needs were documented in people's care plans and they had access to a dental service for routine and emergency appointments as needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service worked within the principles of the MCA. Where people were able, they signed to consent to receiving care by staff from the service. Where people had a power of attorney who signed consent on their behalf, the provider obtained evidence of this.
- People had MCA's in place where appropriate to check their capacity to make decisions. For example, a person had an MCA for staff to support them to manage their finances.
- Records showed staff had received training in MCA and DoLS.
- Staff understood the need to obtain consent before delivering care. A staff member told us, "I need to get consent before doing anything with the [person]. It is essential that I ask the [person] permission before I attempt to do anything and before proceeding with providing any type of care."

# Is the service caring?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were truly respected and valued as individuals; and involved as partners in their care.

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

- People's equality and diversity needs were respected and they were supported by a caring staff team. People spoke positively about the culture in the service. Responses from people included, "I think staff are very good." and "The staff are absolutely caring. They are fantastic."
- Relatives told us staff were caring. Responses included, "Yes they are caring. Some are more patient than others" and "[Staff] are lovely. Very caring."
- Staff described how they got to know people and their support needs. A staff member said, "I will go through their care plan, read through it, engage the [person] in conversation if they can communicate verbally. This helps me to know their needs and preferences."
- Records showed staff had received equality and diversity training. Staff demonstrated how they put their training into practice. A staff member explained, "I respect differences in opinions and beliefs, use gender neutral language and think before I speak."
- The registered manager explained how they ensured people were protected from any possible discrimination and said, "Maxxicare operates under a zero tolerance against discrimination and we make sure carers are aware and trained."

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

- People and relatives were involved in making decisions about their care. Records confirmed this.
- People confirmed they were supported to express their views and be involved in decisions about their care. A person told us staff asked them what they needed support with each time they visited.
- Relatives confirmed they and their relative were involved in making decisions about the care. Responses included, "There is no question of a refusal. Some staff go above and beyond" and "[The staff] do phone us periodically. They have more to do with [person's] occupational therapist."
- The registered manager explained how people were involved in making decisions about their care. They said, "We always involve [the person] in the care planning allowing them to decide the way they want the care and making their choices."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. A person told us, "They definitely do respect my privacy and dignity. I think they are fantastic." Another person said, "Absolutely. They ask me if I want a wash." Relatives confirmed this.
- Staff explained how they promoted people's privacy and dignity. A staff member said, "I ensure I promote [person's] dignity and privacy by ensuring I close doors and windows [from view] when providing personal care. I also ensure I uncover the parts of the body only essential during the care and ensure other parts are

covered."

- People's independence was promoted and people confirmed this was the case.
- Staff explained how they promoted people's independence. A staff member said, "I promote person's independence by encouraging them to do as much as they are able, involving them in everyday decisions, for example, choosing their own meal or social activities."

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- The provider specialised in providing people with end of life care. People were supported with end of life care compassionately and sensitively.
- The provider had an end of life care policy which gave clear guidance to staff about how to provide this type of care sensitively. Staff had received training in providing compassionate end of life care.
- People had end of life care plans which included if they had chosen to have a 'Do not attempt resuscitation' agreement and how they would like to receive their care during their last days.

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

- People were supported in a person-centred way which ensured they had choice and control to meet their needs, preferences and aspirations. People confirmed they received their care in accordance with their wishes.
- Staff demonstrated they understood how to deliver a person-centred service. A staff member told us, "I offer [person] choices by showing them all that is available and allowing them to make their decision."
- The registered manager told us how they ensured people received care in line with their preferences and said, "We always [give care] according to the care plan and ask if they are happy with this and that. People make their own choices about how they want the care to go."
- Care plans were detailed, personalised and included people's preferences. This included the person's preferred time for going to bed at night and getting up in the morning.
- People had planned outcomes for each care intervention. For example, for a person who needed support to attend medical appointments the outcome stated, "My care worker will assist me to get ready for my medical appointments for me to be ready to attend on time."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. A person's care plan stated, "My care workers will engage me in conversations of various topics by speaking to me and getting me involved when providing my care."
- Staff understood how to meet people's communication needs. A staff member told us, "I offer choices by providing a list of options or using pictures or an object of reference to enable [person] to pick one."

- The registered manager understood what was required under the Accessible Information Standard and explained, "We make sure [person's] hearing aid is in place and the battery doesn't need changing. We can write information down. We can put information in Braille." They gave an example of one person who could not speak and used a laptop to communicate with.
- Care plans included details about the person's quality of sight, hearing and speech.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where appropriate, people were supported to participate in activities socially and culturally relevant to them. The support needed with this was detailed in people's care plans.
- Activities which staff supported people with including going out for walks, sitting in their garden during good weather, playing games and engaging in topical conversations.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and a system in place to record complaints and concerns.
- We reviewed two complaints that were made in June and August 2022 and saw they had been handled appropriately.
- People said they would speak with the registered manager if they were not happy with any aspect of the service. A person told us if they needed to complain, it would be dealt with appropriately and added, "I feel they have my interests at heart."
- Relatives said they were confident if they complained it would be handled appropriately. A relative said they had not needed to complain and explained, "The staff have been very good at what they do. I have the number of one of the management team if needed."

# Is the service well-led?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a positive culture that was inclusive, open and empowering. This meant people, relatives and staff felt they had a voice and were listened to.
- People told us the service was managed well and the management team were approachable. A person said, "[2 managers] came last Saturday. They are nice people."
- Relatives told us they thought the service was managed well. A relative said, "There were a few niggles earlier but not now. I wouldn't have a problem with speaking to [registered manager]."
- Staff spoke positively about the management of the service. Responses included, "I feel supported by the [registered] manager and all the management team" and "[Registered manager] is an excellent leader; thoughtful in every aspect, facilitates open communication, sets clear expectations, inspires and mentors [staff]."
- The registered manager told us how they encouraged staff to give their views about their work, "We encourage [staff] to speak when we do staff meetings. We want to understand what they want us to change and what challenges they face. We always tell them to feel free to call us."

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

- The registered manager understood their responsibility under duty of candour. They told us, "It's all about transparency and honesty. We have to tell the safeguarding team, the commissioners, and CQC. We apologise about it. Even when a mistake has happened, make sure you speak about it and the lesson is learnt."
- The provider had notified the local authority and CQC of concerns appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff were clear about their roles and were comfortable with raising concerns with managers when needed.
- The registered manager told us, "[Staff] are dealing with different things and are dealing with conflict with [relatives]. I make sure carers understand their roles and responsibilities."
- The provider had a system of quality audits in place to check on the quality of the service and we reviewed those done in January and February 2023. These included accidents and incidents, office environment, infection control and medicines.

- We reviewed spot checks carried out for 5 staff. The checks included timekeeping, presentation, use of gloves, aprons and equipment and record-keeping. We noted for a staff member the action plan included improving communication and stay the duration of the allocated time.

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

- The provider had a system of obtaining feedback from people and relatives. The provider had noted in January 2023, overall people were happy with the service. A person had said, "I've found Maxxicare reliable, friendly and hardworking. I couldn't ask for a better service."
- People and relatives gave compliments to the service and we reviewed 9 of these from 2022. For example, a compliment from a relative stated, "Carers are all lovely and are doing a good job. I like how the team gets things done."
- The provider obtained feedback from staff. The analysis for the 2023 staff feedback showed overall carers felt happy at the service and believed they made a difference to people's life.
- The provider had regular meetings with staff and separate manager meetings. We reviewed the minutes of the meetings held in January and February 2023. Topics discussed in staff meetings included staff feedback, timekeeping and training.
- Staff confirmed they were able to make suggestions of improvements for the service. A staff member said, "We have monthly team meetings where we are able to suggest new ideas and concerns. Often new ideas are taken and implemented to promote positive outcomes for people."
- The registered manager told us the only staff equality issue was for some staff whose first language was not English, they felt intimidated to express themselves. The registered manager explained, "We encourage them to speak. The most important thing is to show confidence."

Working in partnership with others

- The provider worked in partnership with other agencies to improve outcomes for people. The registered manager gave an example of joint working with the occupational therapist for 1 person who found their bed uncomfortable and the outcome was the bed was changed.
- Care records showed evidence of joint working with healthcare professionals including palliative care nurses, district nurses, the occupational therapist and the GP.
- The registered manager told us, "If there is a new assessment, the occupational therapist always communicate with us. We communicate with the commissioners. We work with the palliative care nurses and we have their phone number."