

Mak Connect Limited

# Mak Connect Ltd

## Inspection report

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Date of inspection visit:  
21 June 2023

Date of publication:  
06 July 2023

## 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

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Mak Connect is a domiciliary care agency providing personal care to 3 people at the time of the inspection. 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

#### Right Support:

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. Visits were organised, monitored, and delivered safely through effective use of an electronic call monitoring system. People's medicines were managed safely. People and their relatives were involved in assessments, care planning and managing risks.

#### Right Care:

Staff were described as kind and caring. Staff protected and respected people's privacy and dignity. Staff had received training on how to recognise abuse and they knew how to apply it. Staff varied their approach to working with people and demonstrated an understanding of how to support people in line with their preferences.

#### Right Culture:

The service had a positive culture that was person centred. Staff told us they enjoyed their job and making a positive difference to someone's life. The registered manager displayed good leadership skills and staff and representatives spoke positively about their support. The provider had clear and effective governance systems in place that identified and managed risks through audits.

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:

We registered this service on 24 January 2022 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 ●

# Mak Connect Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 June 2023 and ended on 28 June 2023. We visited the office location on 21 June 2023.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with 1 person and 2 relatives of people who used the service. We spoke or obtained feedback from 5 staff including the registered manager and 4 care workers.

We reviewed 2 people's care plans and 1 person's medicines records. We looked at multiple other records including feedback gathered by the provider, audits, policies, training records and 3 staff recruitment files.

# 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. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse; Learning lessons when things go wrong

- Systems and processes safeguarded people from the risk of abuse. People told us they felt safe with the staff and their care. One person commented, "I am happy with the staff. In the past there was 1 carer I wasn't sure about, but [registered manager's name] made sure this person didn't come again."
- Staff were confident action would be taken on any concerns they reported. A staff member explained, "I would feel confident if I needed to raise concerns."
- Accidents and incidents were always reported by staff when they occurred. Not many had been received, due to the small size of the service. The registered manager reviewed each incident, investigated where appropriate, and took action to mitigate the risk of repeat occurrences.

Assessing risk, safety monitoring and management

- Risks associated with people's health care needs were assessed.
- Staff knew about risks associated with people's care and had completed training to manage people's risks and keep them safe. This included, helping people to move, and administration of medicines.
- Each person's care plan had an environmental risk assessment included which had been completed at their homes before the care staff attended. This supported staff to work in a safe environment.

Staffing and recruitment

- People, relatives and staff told us there were enough staff to meet people's needs.
- All the staff we spoke with told us there was enough time to provide safe and effective care. One staff member told us, "I like the job, I always have time included on my rota."
- Staffing rotas were planned in advance. The provider used an electronic system to plan staff allocations and to monitor missed and late calls. The data viewed showed there had been no missed or late calls and staff stayed for the allocated time as detailed within people's support plans. Staff told us they had sufficient time between calls and the current rota system worked well.
- There were effective recruitment and selection processes in place. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions.

Using medicines safely

- People received their medications safely. People received varying levels of staff support when taking their medicines. For example, from prompting through to administration.
- Staff had been trained to administer medicines and completed competency assessments to make sure

they understood how to manage medicines safely.

- Staff signed a medicine administration record (MAR) to confirm that medicines had been given.

#### Preventing and controlling infection

- All staff had received training in managing infection control and were aware of their responsibilities and its importance. Spot checks were undertaken to ensure PPE was worn appropriately and staff adhered to guidance.
- The service had good stocks of PPE and staff confirmed it was readily available.
- People were encouraged and supported to be independent, where possible. For example, 1 person liked to clean and they and the staff did tasks together.

# 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. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staff support, training, skills and experience

- Staff were trained and supported to carry out their role through training, support and shadowing their colleagues. This was confirmed by staff.
- The registered manager provided opportunities for staff to discuss any work issues, and their learning requirements.
- The provider was planning to enhance the training they provided to staff, as we found a high number of courses were completed in 1 day. This approach was not considered good practice and staff members retention of these courses would not be sufficient. Following our inspection the registered manager devised a new training schedule, where all staff would all be re-trained over a phased period to ensure they had sufficient time to digest the training, this process had already started to take place.
- The provider had enrolled all staff on an enhanced level 3 award in supporting people with learning difficulties. Evidence provided confirmed 5 staff had already obtained their level 3 in this course. A small number of staff had also completed the tier 1 Oliver McGowan mandatory training in learning disability and autism.
- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care. Staff described how they were able to shadow more experienced staff until they were confident. Staff members told us, "I was new to care, but I didn't feel rushed. The [registered manager] made sure I was comfortable before I worked alone" and "The training is good, I understand we will be getting more training soon."

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

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

- Assessments were completed for people's healthcare needs and their care and treatment choices.
- People and their relatives felt involved in the assessment process and reviews. Comments included from 1 person's relative, "The care [name] receives is tailored to their needs. I have worked closely with the manager to make sure the staff are compatible with [person's name]."
- Care plans contained information about people's allergies, including food, or whether they needed a specialised diet.

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

- People and relatives told us staff worked well with other agencies to help get people the healthcare they needed.
- Records reflected prompt action from staff to highlight changes in people's mental and physical wellbeing

with appropriate professionals.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Policies were in place to ensure the principles of the MCA were followed and staff were trained to understand how to apply them.
- People told us staff were always respectful and checked with them before offering any support.
- No-one being supported required a Court of Protection order. In the main people were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so any longer.

# 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. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with respect and kindness.
- Overwhelmingly we received positive feedback from people and their relatives about the caring and compassionate nature of the staff who supported them.
- Relatives told us people were supported with respect and the provider was committed to meeting people's needs as they arose. Comments included, "It has taken years for me to trust a care company, but these carers are excellent, I am over the moon with the care they provide [Name]" and "Very happy indeed, the carers are kind, considerate and trustworthy."
- The registered manager and staff were aware of the importance of respecting people's diverse needs and treating them as individuals such as respecting their cultural and mental health needs.

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

- People and where appropriate, their relatives, were involved in their care decisions.
- People's views of the service were regularly sought to enable the provider to monitor the quality of care being delivered by staff and to identify if any changes were needed.
- People and their relatives were given information about the service and how to contact the managers if they had any concerns.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful and provided support in a dignified way. One relative said, "Staff are very considerate about [person's name], the staff will do their utmost to enhance [person's name] quality of life."
- People were supported to maintain as much independence as possible. Staff were provided with clear information about what people were able to do for themselves and what areas they required support with.

# 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. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People received personalised and responsive care.
- People's care requirements and personal details were held on the provider's electronic care management system. Staff could access the system on an application (app) on their mobile devices and record the care they provided to people and their visit times.
- The system provided the registered manager with real time information and alerted them if there were any discrepancies in people's planned care visits, care delivery or incidents. This enabled the registered manager to take prompt action to resolve any issues.
- Care plan documentation we reviewed was up to date and concise. It demonstrated staff had a good understanding of people's safe care and treatment.

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 assessed. Care plans contained guidance on what actions staff were to take to help support effective communication with people.

Improving care quality in response to complaints or concerns

- The provider had received no formal complaints at the service. The provider had a robust policy in place which outlined how they would manage complaints. This included initial responses, timescales and the important of openness and transparency.

End of life care and support

- The provider was not supporting anyone with end-of-life care at the time of the inspection. We asked about their readiness to provide support to people approaching the end of their life. The provider told us they would seek training and guidance before committing to providing support in this area.

# 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. We have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to check on the quality and safety of services.
- The registered manager was experienced and had the skills and knowledge to deliver a safe, compassionate service. Staff told us the registered manager was approachable and supportive.
- The registered manager had auditing systems in place which at the time of inspection were sufficiently meeting the demands of the service due to the provider only supporting a small number of people. This included checks on the management of medicines, daily record keeping and the provision of people's care.
- Staff were committed to providing a good quality service that met people's individual needs. Staff told us they worked well as a team and valued each other's contributions.

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

- People and relatives told us they felt the service listened to them.
- The registered manager worked hard to instil a culture of care in which staff felt valued. Comments from staff included "I am very happy to work for Mak Connect" and "So far, so good. I like my job."
- Staff demonstrated a commitment to their role and told us they were passionate about the support they provided. One person's relative told us, "The staff are great, the other day I was struggling bringing in the shopping and straight away 1 of the staff took the bags off me. It is the small things like this that matter."

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 provider had a duty of candour policy in place to follow where things had gone wrong. Records showed the registered manager investigated any issue raised and provided a full explanation of their actions and apology to people where needed.
- Statutory notifications had been submitted to CQC as required. Notifications are changes, events or incidents that providers must tell us about. They are important as they help to show the provider is working in a transparent and open way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider only had limited evidence to share in terms of partnership working; however, the culture of inclusivity they demonstrated with people, families and where possible external professionals provided

assurances they would continue to develop this as they extended their service to local authority partners.

- We asked the registered manager how they obtained feedback from people and relatives about their care. The registered manager said, "I personally speak to people, their families on a weekly basis to gain their views. I will also sometimes provide the care too."
- People and their relatives told us communication with the domiciliary care service was good. One person told us, "[The registered manager's name] is very good at keeping me informed. I can always pick the phone up if I need to chat."