

MaK Personnel Limited

MaK Healthcare

Inspection report

29 Hall Plain
Great Yarmouth
NR30 2QD

Tel: 01493887466

Date of inspection visit:
26 July 2022
04 August 2022

Date of publication:
11 August 2022

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

MaK Healthcare is a small domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with task related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection was providing care to 14 people who were receiving the regulated activity of personal care.

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

People were well cared for and with respect. People who used the service and their relatives described staff as lovely, kind, competent and caring. They described staff going out of their way to meet people's needs.

Staff understood how to protect people from harm or discrimination. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Risks to people were assessed and their safety monitored and managed. Safe recruitment practices were followed to make sure the right staff were employed. Infection prevention and control practices were followed to minimise the spread of infection, including those related to COVID-19.

People's needs and choices were assessed to make sure the service was right for them. Staff knew people well and provided them with the care and support they needed in a way they preferred. 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 received the training, supervision and support they needed and were very complimentary about the way the service was managed and how good the communication and involvement was from the registered manager.

People were involved in decisions about their care and support with a clear focus on supporting people to maintain and develop their independence. People and their relatives were regularly asked for feedback and their views and any suggestions were listened to.

We have made a recommendation about ensuring all relevant events have been notified to CQC.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 4 September 2019 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service including when the service registered with CQC.

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 Healthcare

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 completed by one 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.

Service and service type

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

Registered Manager

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 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 26 July 2022 and ended on 4 August 2022. We visited the location's office on 26 July 2022.

What we did before the inspection

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 reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

During and after our inspection, and visit to the office, we spoke and received feedback from 10 staff including the registered manager, team leaders and nominated individual to gather their views about the quality of care provided. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three people and seven relatives to seek their feedback about the quality of care they received. We also received feedback from two health care professionals who work with the service in providing care to the people who used the service. We requested and reviewed various records including three people's care records, three staff recruitment records, staff training, supervision and how the provider monitored the quality of care people received.

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 protected from the risk of abuse. Staff were aware of different types of abuse and knew how to report any concerns.
- Staff completed safeguarding training and had access to the service's safeguarding policy within the booklet they were all provided with on starting employment, which held policies, procedures and helpful information for working in the service.
- People who used the service and their relatives told us they felt safe and comfortable with the staff from the service. A relative said, "[person] is like part of their gang. They have a laugh and that makes [them] feel comfortable around them."

Assessing risk, safety monitoring and management

- Risks to people's personal safety were assessed, monitored and managed effectively.
- Risk assessments considered risks associated with people's care and support and included identification of risks to keep staff safe as they were working in people's homes. This included risks in the home environment, mobility and health conditions. This meant staff were provided with clear information about risks people faced and how to manage them safely, without being overly restrictive.
- People's plans were updated as their needs changed in a timely manner.
- Staff were confident about reporting any changes to people's needs or to highlight any concerns to the team leaders or manager, knowing they would be actioned.

Staffing and recruitment

- The registered manager carried out recruitment checks to ensure only suitable staff were employed.
- Staff said they had undergone an interview process before they started work. They said they had an induction including training and shadowing shifts which meant they felt confident about starting the role.
- People received consistent care and support from suitably skilled and experienced staff. People confirmed staff maintained good timekeeping and stayed for the agreed length of time. A person said, "They do send me a list of whose coming and what time they're coming." "I would say they're within 5 minutes of the time." They went on to say staff stayed for their allocated time and sometimes longer.
- People and staff told us visits were consistently carried out by the same group of staff. The registered manager said this was so they could cover absences with staff who knew the person. A person said, "The team what come here they're all pretty well very kind. There's about six or seven in the team. They're all very good to us."

Using medicines safely

- People's care plans and records of their medicines were clear, and any associated risks had been assessed and protocols were in place for medication taken on an 'when required' basis (PRN).
- Staff who administered people's medicines had received appropriate training.
- The registered manager and staff told us they had their competencies checked, to ensure they supported people with their medicines safely and correctly.
- One of the team leaders had responsibility for overseeing medication and completing monthly audits, which were reviewed by the registered manager for any action needed.

Preventing and controlling infection

- Staff had received infection prevention and control training and there were infection control and prevention policy in place, which also covered COVID-19.
- The provider made sure an adequate supply of personal protective equipment (PPE) was available to staff. The registered manager also made sure PPE was used effectively and safely, and accessed testing for staff.
- People and relatives confirmed staff wore PPE whilst supporting them with their care needs.

Learning lessons when things go wrong

- There was a system in place for recording, monitoring and managing any accidents and incidents.
- Learning from audits and from monitoring and managing the service was identified and used in a timely and effective way to make changes. Appropriate information was then shared effectively within the staff team. For example, from the recent pandemic it was identified the service's contingency plans did not cover outbreaks of infection and adequate supplies of PPE were needed for future preparedness. Therefore, changes were made as a result of these findings.

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 for 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 needs had been assessed, including information about their health, background, interests, preferences, family and home information. This information was used to develop each person's care plan.
- The registered manager worked with the person, their relatives and relevant health care professionals to ensure care was in line with all their needs.
- The records were written in a very personalised way. There was good handover between the staff on care need changes or updates. This enabled staff to deliver consistent care and understand people's wants and needs.
- The registered manager ensured regular reviews involved the person and their relative, if appropriate. A relative said, "We sat with [registered manager] and went through it with [relative] present. She took [relative]'s perspective into account."

Staff support: induction, training, skills and experience

- Staff had the necessary skills, knowledge and experience to perform their roles.
- The registered manager had updated the training suite with equipment for moving and handling training. One of team leaders was going to undertake a 'train the trainer' course to enable them to deliver training to the team. The registered manager placed an emphasis on providing good quality training for staff.
- The registered manager had ensured staff received the required training during the COVID-19 pandemic to meet a person's needs by organising training in a gazebo in their garden to allow social distancing.
- Relatives felt all staff were competent. One relative said, "Without a shadow of doubt because [relative] has a RIG feed and they can do that. They blend and give [them] food. They test it with a food thermometer to check it won't scald [them] going in." (Where people required support with having regular treatment via radiologically inserted percutaneous gastrostomy (RIG) feeding tubes).
- Staff spoke positively about the training and support they received, which was geared to their individual needs. They said if there was new training to meet specific needs of a person, they would receive the training and the registered manager would come out for their first care call with the person to make sure they were happy and understood what they were doing. They felt if they needed any further support on anything all they had to do was ask.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of people's dietary needs and people who required specialist diets were supported appropriately.

- People's needs and preferences around eating and drinking were recorded in their care plans and they were supported to ensure they received good nutrition and hydration where this was part of their care package.
- The service monitored people's wellbeing and where people needed medical attention, staff sought assistance from other agencies and professionals in a timely way. For example, a relative said, "My [relative] had a couple of hypos [relating to diabetes care] in the past and one of the carers noticed that [relative] didn't look well. On [their] checks we had to get medical attention. They called the doctor. There were two or three medical professionals which the carer called for us."
- The service worked collaboratively with healthcare professionals involved in people's care and treatment to help ensure they receive the right healthcare. Healthcare professionals said, "Staff appeared knowledgeable and the managers were found to be approachable, professional, empathetic and accommodating."

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

- Staff were aware of the principles within the MCA of asking for consent from people before giving care.
- People told us staff always gave them choice before providing the support they required. They said, "They'll always ask what do I want." A relative said as an example, "They always give [relative] the choice of whether [they] want a wash on the bed or a shower."

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 for this newly registered service. This key question has been rated 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

- People were treated well, and their individual rights were respected and promoted.
- People and their relatives spoke positively about the care received. One relative said, "It [the service] certainly treats the people that they care for with respect and dignity. When they say they're going to be with [relative] at a certain time they're within five minutes of that time. They've gone over and above what's expected of them."

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

- People were encouraged to express their views and make choices and decisions about their care.
- The registered manager completed an assessment prior to starting giving care, by meeting the person and their relatives, if appropriate, to ensure the initial care plans provided guidance to staff and to meet the needs of the person, and were available in time for first care call.
- People's wishes and preferences were detailed in their care plans. People and their relatives confirmed this accurately reflected the care provided. A relative said they occasionally looked at their relative's folder and this seemed to be an accurate reflection of their support. A person said the folder was a, "True reflection of what they do."
- People and their relatives took part in planning and making decisions about their support. This was done through care plan reviews, surveys and visits with the registered manager and team leaders.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in ways that maintained their dignity and independence. For example, one person due to a medical condition had lost movement in their hands. Staff found they used to like art and crafts. They encouraged them to do this which improved the movement in their hands.
- Staff emphasised the importance of keeping people independent and asked what they wanted to do themselves and encouraged this. When giving personal care staff were always aware of upholding the person's dignity ensuring curtains were shut, using towels to cover them and leaving the room to allow the person time and privacy, where appropriate.
- A relative when asked if staff treat the person with dignity, respect and kindness said, "Yes they do. They're friendly and competent in what they do. They are circumspect in the way in which they attend to [their] needs and respect [their] privacy."

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 for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which took account of their needs, wishes and preferences.
- People had support plans and risk assessments in place to guide staff. These were person centred and included what was important to that person.
- People's daily routines had person-centred details about what they could do themselves and what they needed encouragement with. When help was needed and how this help should be given was explicit. For example, on what soap products they liked in their water for a wash, temperature of water, what they could wash themselves, what they needed assistance with and what exactly they liked beside them when carers left, for example, type of sweets and drinks.

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 understanding of information and communication needs were assessed, and the service ensured steps were taken to communicate effectively with people. For example, one person was sent all written communication in large print to enable them to read it. Other people had preferences for certain information to be sent to their relative so they could help them to understand it.
- Staff told us they were aware of people's individual needs and felt they had enough information to support individuals effectively. They said communication between staff was excellent as information relating to people's care was effectively passed on to the next staff member due to do the care call.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place.
- The registered manager told us the service had not received any complaints since it registered with CQC.
- There was a service user guide given to people when they started using the service. There were details about how to make a complaint and what people could expect to happen if they raised a concern. This included contact details for other organisations who could be approached if someone wished to raise a concern outside of the service.
- People and relatives felt comfortable about contacting the service if they had any concerns. One relative said, "We don't have many worries. If there is something I'm not happy with I just ask them and they sort it

out." Another relative said, "I've got a direct line to the governor. I've got a couple of the girls as well. I can get hold of them with ease."

End of life care and support

- The service met the needs of people and had considered future needs and preferences. Plans had been completed with some people and families for end of life support. Some people had plans which reflected they wanted their families to take the lead with decision making.
- Leaflets were given to people and their families which gave details about planning for the future and what to consider.
- The service was not providing end of life care to people at the time of inspection. Care staff had received some relevant training, so the service would be able to provide such care and support if required.

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 for 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 registered manager was passionate about providing a caring, person-centred and responsive service.
- People and their relatives spoke very positively about the service and the care they received. One person when asked what the service did well said, "They think totally across the board. The way they work and how they're managed is done well. If I get stuck with stupid things, they'll help me."
- Staff told us they felt supported and spoke positively about how the service was managed. Staff said the registered manager had supported them through personal issues and had been very accommodating. Staff said, "Nice to have a boss that actually cares. [They go] above and beyond and has done for all of us. Any concerns [they are] there."
- Staff said there was good team working which ensured the care provided was consistent and of good quality. They said, "We are a nice close group who can talk together. We know each person. It is a small little community and we have time for each other and help each other out."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their regulatory roles and responsibilities.
- The quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- Staff said they were well supported by the manager and with ongoing training and one to one supervision. They understood their responsibilities to keep people safe whilst respecting and promoting personalised individual care.
- The registered manager ensured regular monitoring visits took place to review staff's practice. The visits covered the quality of care being delivered to meet people's individual needs. This included staff's competence in supporting people with their medicines and their working practice such as personal protective equipment.

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

- The registered manager carried out regular service feedback questionnaires with people who used the service, their relatives and staff.
- Service delivery feedback questionnaires had been completed by people and their relatives earlier in the year. The results had been analysed and actions produced including meeting with people to discuss their

responses and adjusting their call time and the emailing of invoices. Positive comments had been documented in the analysis document, saying, "How helpful the carers were, how people felt looked after and safe and how staff were friendly, reliable and happy to go the extra mile."

- Staff felt they were kept up to date and the communication was very good with the registered manager. They had team meetings, supervision and there was a confidential messaging chat for information. Staff said, "We speak regularly as a team. Even though I am not a full-time member of the team I am always kept up to date on changes with service users and any relevant information. I have individual meetings at the office where I can talk about anything I am concerned about. I do feel I am listened to and it is nice to know what action is taken."

Continuous learning and improving care; 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

- There were systems and processes in place for learning from suggestions made by people and their relatives and from incidents. This promoted the development of the service.
- The service had developed good relationships with the people who used the service and their relatives. People knew who to speak to if they had any concerns and felt they would be listened to and action would be taken.
- The registered manager understood their responsibility in relation to the duty of candour, and this was demonstrated in the records we reviewed.
- There was an open culture within the service. The registered manager and staff were open and honest with us throughout the inspection and responded promptly to any issues raised.
- We were not totally confident the registered manager understood their responsibilities to notify CQC of all events. We advised them accordingly and they responded promptly to ensure all reportable events have had a notification submitted.

We recommended the provider consider guidance on submitting CQC notifications and review events to ensure all relevant notifications had been submitted.

Working in partnership with others

- The registered manager had developed relationships with external agencies to ensure people received the care they needed. She had organised for health care professionals and external agencies to provide training to staff for such things as care of RIG feed and completion of medication records.
- Health care professionals said the registered manager had a good understanding of the people who use the service, and their individual needs. They found her approachable, professional, empathetic and accommodating to any adjustments needed to meet the needs of the person.