

Maita Care Services Ltd

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Inspection report

3 Woolmer Hill House
Hatchetts Drive
Haslemere
GU27 1LX

Tel: 07949851034

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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

Maita Care Services provides personal care and support to people living in their own homes, including older people and younger adults with autism. The service was supporting 4 people at the time of our inspection.

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

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.

Right support

Staff supported people to have the maximum possible choice and control over their lives. Staff focused on people's strengths and promoted what they could do. Staff supported people to achieve their aspirations and goals.

Right Care

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People's care and support plans reflected their range of needs and promoted their wellbeing.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating could interact comfortably with staff because staff had the necessary skills to understand them.

Right culture

People received consistent care from staff who knew them well. Staff attended relevant training which enabled them to understand people's individual needs. Staff understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have.

People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

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 2 January 2022 and this is the first inspection. Although registered in January 2022, the service did not begin providing care to people until May 2022.

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 ●

Maita Care Services 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.

Inspection team

One inspector carried out the inspection.

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 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.

Notice of inspection

We gave a short notice period of the inspection because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 1 February 2023 and ended on 8 February 2023.

What we did before inspection

We reviewed information we had received about the service since its registration and sought feedback from the local authority which commissioned care. We used the information the provider sent us in the provider information return (PIR) in December 2022. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual about how the service was run. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 2 people who used the service and 2 relatives to hear their feedback about the care the agency provided. We received feedback from a professional who had worked with the service and from 6 staff about the training, support and information they received.

We reviewed risk assessments and care plans for 2 people, policies, quality audits and spot checks. We also checked recruitment records for 2 staff, training records, accident and incident records, meeting minutes, and the provider's business continuity plan.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were assessed and managed well. People told us they felt safe when staff provided their care. One person said, "When I had a problem walking, they were very careful to make sure I walked safely." Relatives said staff used any equipment involved in their family members' care safely.
- Assessments had been carried out to identify and manage any risks to people in areas including moving and handling, skin integrity and continence. If risks were identified, a support plan was developed which contained guidance for staff about how to minimise them.
- Accidents and incidents were recorded and there was evidence of learning from adverse events. Two people had had falls at home. Although staff were not present at the time, the management team had considered any actions they could take to prevent people falling again. For example, one person had fallen when walking to the bathroom to get ready for bed. The nominated individual told us, "We changed our routine with [person]. He used to put himself to bed. We now make sure we are there to supervise him while he uses the bathroom and brushes his teeth."
- The provider had developed a business contingency plan to ensure people would continue to receive their care in the event of an emergency.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- The service had enough staff with appropriate skills to provide all scheduled care visits. At the time of our inspection, care was provided by the registered manager, the nominated individual, the care coordinator and one of the provider's directors. This was sufficient to ensure people received a safe and reliable service. The nominated individual told us they planned to recruit additional staff as the service expanded.
- The rota was planned to ensure staff had enough travel time between care calls. People told us staff were reliable and arrived on time for their visits. One person said, "They are good timekeepers; I can rely on them." Another person told us, "They are very punctual."
- The provider's recruitment helped ensure staff were suitable for their roles. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. 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.
- Staff attended safeguarding training and knew how to report any concerns they had about abuse. The nominated individual and registered manager were aware of the need to report any safeguarding concerns or allegations to the local authority and CQC.

Using medicines safely

- Medicines were managed safely. People who received support with medicines said staff helped them manage this aspect of their care in a safe way. One person told us, "They take care of my medicines for me."

They give them to me when I am supposed to have them."

- If staff supported people with medicines, a risk assessment was carried out and a support plan put in place detailing the reason for the medicine, dosage and any allergies. Medicines administration records were maintained in people's homes and audited regularly.
- Staff had attended training in medicines management. The nominated individual told us the competency of any new staff would be assessed before they were authorised to administer medicines.

Preventing and controlling infection

- People were protected from the risk of infection. People told us staff helped them keep their homes clean and hygienic. Staff received training in infection prevention and control (IPC) and people confirmed staff wore personal protective equipment (PPE) when they carried out their visits.

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. good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the training they needed to carry out their roles. People were confident staff had the skills they needed to provide their care. One relative said of staff, "They know what they are doing; I have 100% confidence in them."

- The service had an induction process which staff completed before they provided people's care. Staff had completed the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of staff in the health and social care sectors.

Staff had also attended training to provide care that met people's individual needs, including learning disability, autism, epilepsy and catheter care.

- The provider had a supervision policy and the nominated individual told us any new staff employed would receive regular supervision.

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

- People were supported to maintain good health. Relatives told us staff were observant of any changes in their family members' healthcare needs. They said staff let them know about any concerns in order that they could seek medical advice.

- People's healthcare needs, including the support they needed to maintain good oral health, were considered at their assessments and detailed in their care plans. Staff had worked effectively with healthcare professionals when required. For example, staff had alerted community nurses when a person's catheter was bypassing. The nominated individual told us they had contacted a podiatrist at one person's request.

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

- People's needs had been assessed before they used the service to ensure staff had the relevant skills and training to provide their care safely. Assessments addressed areas including mobility, communication, continence and skin integrity.

- People who used the service and their relatives told us the assessment process had been comprehensive and that their views had been sought and recorded. One person said, "They came and chatted to me for 2 hours about what I needed." A relative told us, "We went through everything with them at the beginning. They were very professional and very thorough."

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 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.

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.

- People's care was provided in accordance with the MCA. People were asked to record their consent to the care they received and said staff asked for their consent before providing their care on a day-to-day basis.
- If people were unable to give informed consent, the service consulted those with legal authorisation to make decisions on people's behalf. The nominated individual told us they would contact the local authority if an assessment was needed to establish whether people had capacity to make decisions about their care.

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

- People were supported to eat and drink safely. People's needs in relation to nutrition and hydration were discussed at their assessments and recorded in their care plans. No one using the service had risks associated with eating or drinking and all were able to eat a regular diet.
- People who received support with meals told us staff supported them to make choices about what they ate. One person said, "They get breakfast and lunch ready for me. They will make whatever I want for lunch; they usually do me a sandwich."
- The nominated individual told us staff prepared freshly cooked meals for one person and aimed to promote variety and healthy eating. The nominated individual said, "We try and give her healthy meals, fresh stuff, and we try and give her variety."

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 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 supported by kind and caring staff. One person said, "They are all lovely; very helpful and very pleasant." Another person told us, "They look after me very well."
- Relatives told us their family members had established positive relationships with the staff who visited them. One relative said, "[Family member] is really happy with them. Whenever we have come back, he is calm and happy."
- People said they got on well with staff and enjoyed their company. One person told us, "I get on well with them; we have a laugh together." Another person said, "We have a good chat about things; we have a good rapport between us."
- People received their care from consistent staff, which they said was important to them. A relative told us, "We see 4 [staff]. [Family member] is used to them all now. It is nice to have the same people."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff listened to people's views and respected their choices about their care. The service's philosophy of care included the objective, 'To support individual choice and personal decision-making as the right of all service users.' The nominated individual told us, "Every single day we ask them what they want, for them to make the decision. Respecting their dignity, giving them the chance to say yes or no."
- Staff maintained people's dignity when providing their care and treated people with respect. One relative told us, "They have been fantastic; very respectful."
- Staff encouraged people to be as independent as possible. The service had supported one person to achieve their goal of walking independently after their mobility had deteriorated during a hospital stay. Staff supported the person to do exercises recommended by a physiotherapist and made a referral to an occupational therapist. The referral led resulted in the occupational therapist prescribing equipment which enabled the person to mobilise independently.

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.

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

- Staff understood people's preferences about their care and ensured the support they provided reflected these. One person said, "They know how I like things done." Relatives said staff knew their family members' needs and adapted the support they provided if these needs changed. One relative told us, "They understand autism. They are careful to go at [family member's] pace. They know how to reduce the triggers. They are responsive to any changes."
- Each person had a support plan which had been developed from their initial assessment. In addition to their care needs, support plans contained information about people's life history, their interests, and any religious or spiritual needs.
- The views of people who used the service and their relatives were listened to and incorporated in their support plans. One relative told us, "There is a care plan. That is all professional and clear. All of it was done with myself from scratch, including what to do if [family member] has a seizure. They are very thorough, because they need to know what to do if there is an incident."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were understood by staff and reflected in their support plans. One person did not use speech to communicate. The person's relative told us staff had developed an understanding of their family member's individual communication methods and were able to respond effectively to their needs and wishes.
- The nominated individual told us important information would be made available to people in formats which were accessible to them. For example, 1 person was given their service user guide in large print.

Improving care quality in response to complaints or concerns

- People knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "They are very good; I have got no complaints. If I did, I would speak to [nominated individual] about it." Another person said, "I have not needed to complain, I am quite satisfied, but I am sure they would put things right if I was not happy."
- No one we spoke with had made a formal complaint. Relatives who had highlighted issues in the past said they were satisfied with the response they had received. One relative told us, "I thought 1 person was not putting enough cream on [family member]. It was elevated to the right people and it is being done now."

- The service had a complaints procedure which set out how complaints would be managed. This was included in the service user guide which was given to people when they began to use the service. The nominated individual told us, "We make everyone aware of how to complain. We actively encourage feedback. They know they can contact us by email or telephone."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 effective systems in place to monitor the quality and safety of the service. Key areas of the service, such as medicines, daily care notes and IPC, were audited regularly. Spot checks had been carried out to assess whether staff demonstrated safe working practices, communicated effectively with people and treated people with respect when providing their care.
- The provider had achieved ISO 9001 accreditation. ISO 9001 is the international standard that requires organisations to address seven key areas as part of their quality management system, including leadership, planning, performance evaluation, and improvement. The nominated individual said, "This helps us have a certain discipline and rigour around compliance and clarity around our roles and responsibilities."
- The registered manager and nominated individual were aware of their responsibilities under the duty of candour and the need to notify CQC about any significant events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The nominated individual and registered manager had created a positive culture which achieved good outcomes for people. People told us they were always able to contact the service when they needed to and obtain any information they needed. Relatives said the provider did their best to accommodate any changes they requested.
- People using the service and their relatives had opportunities to give their views about the care provided. Because the service was small, the registered manager and nominated individual saw people regularly at care visits and used these opportunities to seek their feedback. Satisfaction surveys had been distributed to people and people were asked for feedback during spot checks.
- We asked people using the service and their relatives whether there was anything the service could do better. In response, one person told us, "I am very happy with them. I would recommend them to anyone." And a relative said, "I think the whole service they do really well. I don't need to ask them to anything better."

Continuous learning and improving care; Working in partnership with others

- There was a commitment to learning and improving care. Any incidents that occurred were reviewed and any learning shared with the staff team. The management team worked effectively with other agencies and

professionals, including healthcare professionals.