

Malindi Care Services Limited

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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

Malindi Care Service provides care and support to people living in a supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People's experience of using this service

Care plans contained suitable and sufficient risk assessments to effectively manage risks and keep people safe. Pre-employment checks had been carried out to ensure staff were suitable to support people. Safeguarding procedures were in place to ensure people were safe and there were appropriate number of staff to support people when required.

Since our last inspection on 19 December 2018, staff had completed essential training to perform their roles effectively and staff felt supported in their role. 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.

People received care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were encouraged to be independent and to carry out tasks without support.

Care plans were person centred and included people's support needs. Care plans had been reviewed regularly to ensure they were accurate. People went on holidays and participated in activities.

Systems were in place for quality assurance and quality monitoring to ensure people received high quality care.

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

Rating at last inspection

At our last inspection on 19 December 2018, we did not rate the service due to lack of evidence (published 16 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

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 ●

Malindi Care Services Limited

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Malindi Care Service provides care and support to people living in a supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a registered manager, who was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

We gave the provider 72 hours' notice as we needed to be sure that the provider would be in the office to support with the inspection. The inspection took place on 1 July 2019.

What we did

Before the inspection, we reviewed relevant information that we had about the service such as the last

inspection report.

During the inspection, we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed care plans, which included risk assessments and staff files, which included pre-employment checks. We looked at other documents such as training and quality assurance records.

After the inspection, we spoke with a relative of a person that used the service and two staff for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection, this key question was not rated due to lack of evidence. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were carried out and were specific to people's individual needs.
- There were risk assessments to ensure people were safe when being supported such as with personal care or cooking.
- Risk assessments had been completed in relation to people's health conditions. Assessments included information on how to keep people safe should their health deteriorate.
- Staff told us that they understood risks to people and found the risk assessments helpful. A staff member told us, "It [risk assessments] covers everything. It is helpful."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.
- The relative we spoke to told us people were safe. The relative said, "They [staff] look after [person] very well. I am very impressed."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

Learning lessons when things go wrong

- There were systems in place to learn from lessons following incidents.
- There were no incidents since the last inspection. The registered manager told us that should incidents occur, then this would always be analysed to learn from lessons, to minimise the risk of re-occurrence.

Using medicines safely

- The service did not support people with medicines.
- Information was available on the types of medicines people took.
- Medicines stock levels were audited by the registered manager to ensure people took their medicines as prescribed.

Staffing and recruitment

- There was appropriate number of staff available to support people safely. A staff member told us, "Staffing is more than appropriate." The relative we spoke to told us, "Every time I go there [supported living site], there is always a staff there."
- Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control and there was a cleaning scheduling to ensure the supported living site was clean and tidy. A relative told us, "I have seen the [supported living site], it is clean and tidy always."
- Staff confirmed they had access to personal protective equipment such as gloves and aprons if required.

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.

At the last inspection, this key question was not rated due to lack of evidence. At this inspection this key question has now improved to good. This meant that people's outcomes were consistently good.

Staff support: induction, training, skills and experience

- At our last inspection, we found although staff had received mandatory training, some of the training was delivered by the registered manager who did not hold a qualification to deliver training.
- During this inspection, we found improvements had been made. Staff had completed mandatory training and refresher courses to perform their roles effectively. The training was delivered by qualified persons. A staff member told us, "Training is good. It is very helpful. You get to understand things you do not know." The relative we spoke to told us, "They [staff] do an excellent job."
- Staff had received an induction, which involved understanding policies and procedures and undertaking training. A staff member told us, "The induction was very good."
- Regular supervisions had been carried out. Supervisions enabled staff to discuss any issues they may have and their development.
- Staff told us they felt supported. A staff member told us, "[The manager] is always supportive."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- Reviews had been carried out regularly to ensure people received support in accordance with their current circumstances.
- At our last inspection, we recommended that the service considers introducing key worker meetings. At this inspection, we found this had been introduced and regular meetings took place. The meetings focused on identifying goals and how to achieve these goals. The registered manager told us this had been beneficial as it had allowed people to be more independent as a result of working on goals. Goals included, preparing meals, ringing family and collecting medicines from the pharmacist independently.
- This meant that people's needs, and choices were being assessed comprehensively to achieve effective outcomes for their care.

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

- Care plans included the level of support people would require with meals or drinks if required and their likes and dislikes with meals.
- People were included with menu planning and supported to go shopping for ingredients.
- Care plans also included information that people should be encouraged to cook by themselves with the support of staff. We saw photo's that showed people were supported to cook by themselves.

Supporting people to live healthier lives, access healthcare services and support

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.
- Records showed that people had been supported to access health services and encouraged to make health appointments by themselves.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed to determine if people had capacity using the MCA principles.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "I always ask for consent, [people] decide if I should help them."
- Records showed that people's consent had been sought prior to receiving care from the service.
- Records showed that staff were updated of changes to legislation relating to MCA and DoLS so that they had up to date knowledge.

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.

At the last inspection this key question was not rated due to lack of evidence. At this inspection this key question has now improved to good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were caring and had a positive relationship with people.
- The relative we spoke to told us, "They are very easy to talk to. They are always pleasant."
- Staff told us they used care plans to find out about people, in order to get to know the person and build positive relations with them.
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- People or relatives were involved in decisions about people's care.
- Staff told us they always encouraged people to make decisions for themselves while being supported, such as with dressing and personal care.
- Care plans included that people should be involved with decision making in regard to their care. Care plans had been signed by people to confirm they agreed with the contents of the care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "When helping with bath, I always make sure there is no one around. [Person] likes their privacy."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. We saw photos that showed people carrying out tasks independently. Care plans included information on what areas people needed support and areas they were independent. A relative told us, "They do get [person] to be independent like they encourage [person] to make me tea when I visit."

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated due to lack of evidence. At this inspection this key question has now improved to good. This meant that 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

- Care plans detailed people's support needs. Care plans included information on how to support people.
- Staff told us they found the care plans helpful. A staff member told us, "The care plans are very helpful. They guide us on how to do our jobs."
- Staff were responsive to people's needs. A staff member told us about one person they supported, "[Person] is amazing. When [person] came first, they were very shy but now [person] is a lot more vocal, even planned their holiday with [registered manager]. [Person] has really come out of [person] shell since living here."
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts.
- People were supported with activities. Care plans included people's interests and what they enjoyed doing. The relative we spoke to told us, "[Person] just came back from [holiday]. [Person] goes shopping, goes to the pub once a week. [Person] is still going swimming also."
- Records showed that people went to day centres, restaurants and sport activities. The registered manager also told us that people recently came from a holiday, which they thoroughly enjoyed. We saw videos and photos to confirm this. The registered manager told us they were planning further holidays.

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 ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure.
- No complaints had been received since the last inspection.
- People and relatives were aware of how to make complaints.
- Staff were able to tell us how to manage complaints.

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.

At the last inspection this key question was not rated due to lack of evidence. At this inspection this key question has now improved to good. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Audits had been carried out on the running of the service to ensure people received personalised high-quality care such as reviewing care plans and risk assessments.
- The registered manager carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care.
- Checks had also been carried out to ensure the supported living site was safe to live in.
- The registered manager was aware of their duties in regards to notification and it was the law to notify the CQC such as on safeguarding and serious injuries.

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

- There was an effective system to gather people's and staff feedback on the service.
- Group meetings were held with people living at the supported living site to gather their feedback about the service.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us they liked the service. A relative commented, "[Registered manager] is very easy to talk to. I have no concerns at all about them."

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

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I love working there. [Manager] is very helpful, always."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Quality monitoring such surveys were carried out to obtain people's, relatives and staff's thoughts about the service and act on their feedback where possible, to create a cycle of continuous improvement. Comment from one person included, 'I have been getting really good support since I moved in.' Comment

from a relative included, '[Person] is happy, that is what matters.'

- The registered manager told us that this was carried out as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals if people were not well, to ensure people were in the best of health.
- The service worked with other agencies to develop practice. For example, with the local authority who carried out quality monitoring visits.