

Maia Rehabilitation Limited

Maia Specialist Injury Rehabilitation Services

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

Maia Specialist Injury Rehabilitation Services is a domiciliary care service providing personal care to people living in their own homes in the community. The service provides support to children and older and younger adults living with a physical disability. The service specialises in the rehabilitation of people following an injury and supporting them to regain their independence.

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. At the time of our inspection there was 1 person receiving personal care at the service.

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

People were very happy with their support. One relative told us, "Staff are lovely. Always friendly and considerate and this helps [family member] feel much less anxious."

People were safe using the service. Staff were trained in safeguarding and knew how to report any concerns relating to people's support. Risks to people were assessed and mitigated as far as possible. There were enough staff to support people safely. The registered manager had processes in place to support people with their medicines. Staff were trained in infection control and knew how to use Personal Protective Equipment (PPE) effectively.

People's needs were assessed before they started using the service. Staff had training, supervision and competency checks to help ensure they had the skills needed to support people. People were supported to eat and drink if this support was necessary. Staff worked with a number of health professionals to support people to lead healthy lives. 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 described staff as kind and compassionate. Staff knew people well as individuals. People were supported to make choices about their support. Staff supported people to be independent and supported them with privacy and dignity. People were supported in line with their preferences likes and dislikes. Staff supported people to engage in social past times that were of interest to them. There was a complaints procedure in place at the service and people felt comfortable raising any concerns.

The registered manager and provider had instilled a positive culture at the service. The registered manager carried out audits to monitor the quality of the service and take action to make improvements if necessary. People and staff were encouraged to feedback about the service. The registered manager linked with other organisations to keep up to date with best practice. The registered manager was keen to continually improve the service. People and the staff team were very positive about how the service was being

managed.

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 31 July 2019 and this is 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Maia Specialist Injury Rehabilitation Services

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

This inspection was completed by one 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.

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 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 able to support with the inspection process.

Inspection activity started on 03 November 2022 and ended on 08 November 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one relative of a person who used the service about their experience of the care provided. We spoke with five members of staff including rehabilitation assistants, care co-ordinators and the registered manager.

We reviewed a range of records. This included one person's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Learning lessons when things go wrong

- People felt safe being supported by staff. One relative told us, "[Family member] is definitely safe being looked after by [staff]."
- Staff knew what signs may indicate a person was at risk from abuse and knew who to report safeguarding concerns to. This included external organisations such as CQC or the local authority safeguarding team.
- The registered manager had processes in place to review accidents and incidents. This meant actions could be taken if there were any lessons to be learned from these. Any improvements were shared with staff during meetings. For example, how guidance from professionals was recorded in people's care plans.

Assessing risk, safety monitoring and management

- People had risk assessments in areas such as being supported to walk independently, specific health conditions and being supported with personal care. One relative said, "[Staff] definitely know what they are doing and know how to use [equipment family member] uses."
- The registered manager supported people to take positive risks in a safe way. Staff told us risk assessments gave them good guidance about supporting people to be independent but stay safe at the same time.

Staffing and recruitment

- There were enough staff to support people safely. One relative told us, "It is always the same staff member coming to see [family member]. This works well and means I can leave them alone knowing they are safe."
- Staff members told us about the benefits of working consistently with only one person. They said this allowed them to get to know people well and build trusting relationships.
- The provider had checks in place and these were followed to help ensure staff members were recruited safely in line with current legislation.

Using medicines safely

- The registered manager had policies and procedures in place to administer and support people safely with their medicines.
- Staff supported people to administer their own medicines if this was their choice.

Preventing and controlling infection

- Staff followed good infection control practices when supporting people. One relative said, "[Staff] wear the correct Personal Protective Equipment (PPE) when they support [family member] with personal care."

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 were assessed when they started using the service. These assessments focused on people's preferences and choices as well as their personal care needs. One family member said, "[Registered manager] came and spoke with us about [family member's] needs. They asked about what [family member] likes and put this in place."
- The registered manager stayed up to date with current best practice guidance and legislation. They told us how they shared this with staff members in team meetings. For example, how best to support people living with specific health conditions.

Staff support: induction, training, skills and experience

- People's relatives felt staff were well trained and confident in their job roles. One relative told us, "[Staff] are well trained in every aspect of their job role. No issues at all so far."
- Staff were very positive about their training and how it prepared them for their job role. The provider organised specific training about people's health conditions, such as living with epilepsy, so staff had the knowledge to support people with these.
- The registered manager supported staff with regular supervisions and competency assessments to help ensure they had the knowledge to support people effectively.
- Staff took part in an induction when they started working at the service. This included working with experienced staff members and meeting the people they would be working with. Staff told us this prepared them for their job role well.

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

- Staff were trained to support people to eat and drink if this support was needed. One relative said, "[Staff] cook what [family member] wants and listens to their choice. They make sure the food is cut up small so my family member can eat independently."
- Staff spoke about how they worked with Speech and Language Therapists (SALT) where people needed support to eat and drink. Information from SALT's were added to people's care plans and followed by staff.

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

- People were supported by a wide array of health professionals to support with their rehabilitation. One relative told us, "[Family member] sees different health professionals and the staff team work with them to help [family member] out."
- Systems were in place to communicate with and share information from health professionals with the

staff team. This meant staff had up to date information about how to support people in line with health professional's advice.

- Staff had a good understanding how to support people to be healthy. For example, encouraging people to exercise regularly. Staff also contacted health services for people if this support was needed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

- People were supported in line with the MCA and their choices were respected. One relative told us, "The staff definitely give [family member] a choice about everything which is really good."
- Staff had training in the MCA and had a good understanding of how to support people in line with this.

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 positive about the support staff gave them. One relative told us, "[Staff] are very friendly and take the time to talk with [family member] as well as look after them."
- Staff were passionate about the support they gave people. Staff said they took time to speak with people and get to know their likes and dislikes so they could talk to them about these.

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

- People were supported to make day to day choices about their support. Staff spoke about supporting people to make choices such as what to eat or what to wear and how they did this.
- People and their relatives were involved in care planning and decisions about their support. One relative said, "We were involved every step of the way with the care plan. If ever anything changes, we know we can just raise this, and it will get added to the care plan."
- The registered manager had processes in place, so people were able to choose the staff who supported them. This meant people knew staff would be able to support them in ways they chose.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence, and this was a key part of the support they gave people. Staff gave examples of how they supported people to be independent during personal care or when preparing food.
- Staff respected people's privacy and dignity. One relative said, "[Staff] can pick up when [family member] needs some time to themselves and move to another room."

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

- People received personalised care from staff who had got to know their individual preferences, likes and dislikes. One relative said, "I think staff definitely care about [family member] and want what is best for them."
- The registered manager and staff team were passionate about providing the right support to people based on their specific support needs. Staff were trained in specific health conditions so they could deliver personalised support to people.
- The registered manager and staff team adapted their support depending on people's needs. For example, a person was anxious about a certain piece of PPE. Staff stopped using this and put other measures in place to help the person feel less anxious.
- People's preferences and likes were considered and used by staff to help them set specific goals to achieve. These were achievable and measurable. Staff spoke about how proud they felt to support people and see them become more independent and achieve their goals.
- Staff supported people with their interests, and this included going out into the community. One relative said, "[Staff] have spoken with us about what [family member] might want to do in the future, like go to a coffee shop or out to a garden centre."
- Care plans were written in a person-centred way and focused on specific likes and dislikes that people had. It was clear that people and their relatives had been involved in the care planning process.

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.

- The registered manager had processes in place to provide information to people in different formats depending on their communication needs.
- Staff worked with other professionals to design 'communication passports' for people if they needed more support to make their needs known.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people and relatives felt confident to raise concerns. Any concerns raised were dealt with promptly. One relative told us, "I would contact [care co-ordinator] if I had

any concerns and feel comfortable doing so."

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; Continuous learning and improving care

- The provider and registered manager had created a positive culture at the service. Staff enjoyed their job roles and were passionate about supporting people. One staff member said, "This is the best service I have ever worked for. It is such a good feeling knowing we support people to live the lives they want. People can do more independently week on week and this is so great to see."
- People and staff were very positive about the service and the way it was managed. One relative told us, "I would say the service is very well led. Definitely the smoothest service we have been a part of. Everything is going well so far."
- There was a culture at the service focusing on supporting people to achieve good outcomes. People were supported to regain their lost skills and independence. One relative said, "[Staff] are helping [family member] regain their lost skills and independence. They are helping [family member] get stronger one day at a time."
- Staff spoke about how improvement had been made at the service recently and this had made their job roles easier. For example, changes to the system used to record people's care notes.
- The registered manager was keen to continually improve the service and told us the plans they had in place to do this. For example, to continue to invest in staff training and IT systems.

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

- The registered manager and staff team understood their job roles and were knowledgeable about these.
- The registered manager and provider completed audits to monitor the quality of the service. Any identified actions needed to improve the service were taken promptly as a result of these audits.
- The registered manager was up front and honest with people if things went wrong. They submitted notifications to CQC or the local authority safeguarding team where this was necessary.

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

- People were encouraged to feed back about the support they received. One relative told us, "What sets this service apart from others is they listen to you. This makes a big difference."
- Staff felt involved at the service and had regular supervisions and team meetings to discuss people's support. One staff member said, "[Registered manager] is the best manager I have had. Always in contact to

make sure things are going well."

Working in partnership with others

- Staff worked with a wide array of health professionals to promote good outcomes for people.
- The registered manager linked with other organisations to stay up to date with best practice.