

Muslyt Ltd

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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

Muslyt Ltd is a domiciliary care agency and supported living service providing personal care to people in their own homes. People live in the community in single or shared accommodation. Staff provide onsite 24-hour care. People receiving support are living with a learning disability, and or autism, and some people have a physical disability and health conditions.

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 the inspection, 7 people were receiving the regulated activity of personal care.

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:

People received care from a regular team of staff who understood and met people's needs.

People were supported to maintain contact with their relatives. Staff enabled and encouraged people to take part in the activities they enjoyed. People were encouraged to have active and fulfilling 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 who experienced anxiety or emotional distress were supported by kind staff who followed detailed plans to help people manage their emotions safely.

Right Care:

People's care plans were regularly reviewed and updated regularly or as people's needs changed.

Staff understood their responsibilities to protect people from poor care and potential harm. The service worked with other agencies to do so. Staff had received training on how to recognise and report abuse and this knowledge was discussed at staff supervisions.

Staff supported people to access health and social care support, which included a regular review of their prescribed medicines. Staff supported people with their medicines safely. Staff liaised with local health care providers to ensure people's emotional and sensory needs for planned appointments was considered.

Right Culture:

The provider continued to develop their systems to monitor the quality and standards of the service. The registered manager continually looked for ways to learn from incidents and feedback to improve the service.

People's care was regularly reviewed to ensure the care provided met their current needs. People's dignity and human rights were promoted, and people were encouraged to make decisions about their day to day routines.

Staff felt well supported and said communication was effective and the management team were always available to discuss any concerns.

Staff were safely recruited. All staff received an induction and ongoing training to ensure they could meet people's needs. Staff received training and information in relation to the management and best practice guidance for infection prevention and control.

The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

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

Rating at last inspection

The last rating for the service was rated Requires Improvement (published on 3 May 2019).

At the last inspection the provider was in breach of three regulations. We imposed conditions on their registration asking them to submit reports to demonstrate their compliance with staff recruitment and consent to care. At this inspection we have removed these imposed conditions because the provider demonstrated they had improved their care standards and were compliant with the legal requirements.

Why we inspected

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

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mulyst Ltd on our website at www.cqc.org.uk

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 ●

Muslyt Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 5 'supported living' settings, 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. One person received domiciliary care in their own home.

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 the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 18 January 2023 and ended on 26 January 2023. We visited the location's office/service on 18 and 19 January 2023 and visited 2 people in their own home on 19 January 2023.

What we did before inspection We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (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 3 people who used the service about their experience of the care provided. We spoke with 5 members of staff including the care co-ordinator, two care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records and medicine administration records and 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management and oversight of the service, including policies and procedures.

After the inspection

We spoke with a relative on the telephone. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection, the provider had failed to carry out appropriate recruitment checks to ensure staff were suitable to work at the service. This was a breach of Regulation 19 (3)(a) Fit and Proper Persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The provider carried out safe staff recruitment procedures. This included, Disclosure and Barring Service (DBS) checks: 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.
- There were enough staff deployed with the right skills and experience required to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had a policy and systems in place to report and respond to safeguarding concerns.
- The provider followed their procedures to review accidents and incidents. This procedure had been recently updated as a result of learning from an incident, and this learning was shared with staff.
- Staff received training in safeguarding. Staff recorded where they had concerns and the management team reported their concerns to the safeguarding team.

Assessing risk, safety monitoring and management

- People had been assessed for their risks associated with their health, their homes and activities. Staff followed people's care plans that provided instruction on how to mitigate these risks.
- People's risk assessments for positive risk taking such as taking public transport supported them to be independent where possible.
- People were supported to manage their tenancy, monitor health and safety of the environment, and report any need for repairs to their landlord. People had fire risk assessments and plans in place.

Using medicines safely

- People were assessed for their ability to manage their own medicines, but all the people receiving care required staff to administer their medicines.
- People received their prescribed medicines from staff who had received medicines training and had their competencies checked.

- The registered manager's oversight of people's medicines had identified where people required medicines review by health professionals. This meant they were aware of and acted upon the STOMP principles – stopping over medication of people with a learning disability, autism or both with psychotropic medicine.
- The provider carried out regular medicines audits and had completed actions to improve the safety of the administration of medicines.

Preventing and controlling infection

- Staff received training and regular updates in the prevention and control of infection.
- Staff used personal protective equipment (PPE) where required to keep people safe.

Learning lessons when things go wrong

- The provider demonstrated how they continuously learnt from events and people's experiences in all areas of the service including feedback, audits, incidents and complaints. They had implemented the actions required to mitigate reoccurrence of events.
- Learning opportunities were shared with staff in regular staff meetings, during staff handovers and discussed in staff supervision. The registered manager told us how this learning had contributed to the improvement of the service.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection, the provider had failed to assess people's capacity to make informed decisions about their care. This was a breach of Regulation 11 (1), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had completed MCA training and understood their responsibility to assess people's capacity to make certain decisions.
- People's mental capacity to consent to their care and support had been assessed and the provider had identified when best interests' decisions were needed to be made on people's behalf.

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

- People and their relatives had been involved in the assessment process.
- The provider's pre-assessment of needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This

included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.

- People's needs and choices were met in line with national guidance and best practice. The provider's policy and procedures reflected relevant legislation.

Staff support: induction, training, skills and experience

- Staff received an induction which included shadowing experienced staff and supervision meetings in the first couple of months.
- Staff received training on learning disabilities and autism appropriate to their role. They also received training in areas such as moving and handling, communication skills, health and safety. More recently staff completed their Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and had regular spot checks whilst carrying out their role. One member of staff told us the support they received was, "always helpful, I have a good relationship with seniors and office staff."

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

- People's likes and preferences were recorded in their care plans. Where possible, staff encouraged people to choose healthy eating options.
- Staff received training in food safety; they supported people to prepare their own meals.

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

- People's care records contained information about people's medical history and their current health care needs. People were supported to attend routine health appointments such as dental and annual health checks.
- Staff identified when people were unwell and supported them to receive medical care and visit their GP.
- The registered manager involved commissioners and social workers in the planning of people's care where people were experiencing changes to their lives, for example when planning on changing their accommodation.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 received care and support from staff who knew them and were kind and caring. One person told us they liked the staff who provided their care, they said, "[Staff] is very very kind. They make sure I am ok before they go."
- People's support plans were written in a respectful way and detailed how staff would treat people with dignity and respect, promoting independence and ensuring their privacy. One member of staff said, "I am proud that I am keeping [Name] and [Name] independent and happy."
- Staff had received training on equality and diversity and showed compassion and awareness of people's diverse needs. Staff knew people well and what was important to them, such as family and being listened to.

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

- People received care and support that promoted their independence. Staff supported people in an encouraging and patient way to learn and maintain daily life skills such as personal hygiene and maintaining the cleanliness of their homes.
- Staff understood the importance of keeping information safe and secure and had undertaken training in data protection and confidentiality.
- Staff sought people's views on their care in an informal way as people did not respond to formal surveys. The registered manager told us, "People do tell you when things are not right." From this feedback the registered manager implemented their ideas and requests to improve their care.
- Staff shared examples of how they enabled people to make decisions about their care and the activities which they enjoyed. For example, staff described one person's 'happy place' as a particular coffee shop.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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 care and support that met their needs. Assessments were used to plan people's support and to live independently and safely.
- People's support plans were reflective of people's current needs, including the protected characteristics for staff to provide person-centred care. The plans were comprehensive, covering all aspects of people's lives such as health, independence, goals, skills and abilities, and guided staff on how best to support people. These were reviewed regularly, or as people's needs changed.
- The provider ensured all staff were trained and understood the individual needs of the person they supported. Staff communicated clearly with each other to ensure their approach was consistent, person-centred and responsive to people's needs and abilities. Staff recorded in people's daily notes how they had provided people's care as per their support plan.
- Staff were aware of and met people's different sensory needs. They facilitated people to take part in the activities they enjoyed such as dancing to music and craft activities to express and manage their emotions.
- People's care plans provided staff with detailed information on how to recognise the early signs of anxiety and how to manage people's emotions safely and kindly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed. Where people had specific individual communication needs staff were trained to ensure they communicated effectively by talking in short sentences and allowing time for people to process the information or ask questions.
- The provider was meeting the Accessible Information Standard for people's care. Information was available in different formats. Support plans guided staff with the appropriate way to communicate with people such as the tone, using key words, easy read and how to respond when people show emotions.

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

- Staff supported people to have regular contact with their families.
- Staff knew people well and told us about the different interests, hobbies and leisure activities, which

people enjoyed. People's support plans had information about people's hobbies and interests. The registered manager ensured that enough staff were deployed to facilitate people who required additional support to take part in the activities they enjoyed. Staff told us how they supported people to plan activities and ensure the goals they set were achievable.

- Staff understood the importance of maintaining people's engagement with current news and affairs. One staff member described how they always bought the Saturday newspapers to review the football, they told us, "[Name] really enjoys talking about the football scores."

Improving care quality in response to complaints or concerns

- Where relatives had raised concerns about the quality of service, the provider had responded promptly and worked with them to try and resolve any issues. The registered manager had recognised that the communication with relatives required improvement to ensure people's home visits and planned activities could take place as planned.

- The provider's complaints policy and procedure had been shared with people in easy read format. The complaint log showed all complaints had been fully investigated and action was taken when needed.

- The management team were responsive to feedback during and after the inspection visit and worked towards continuous improvement of the service they provided.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. Records showed people and their relatives had opportunities to discuss their end of life wishes.

- The management team told us end of life support plans would be completed when required, and with the involvement of relevant individuals and palliative health care professionals.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At the last inspection, the provider had failed to have robust quality assurance. This was a breach of Regulation 17 Fit and Proper Persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of this regulation.

- The registered manager and staff placed people's needs at the centre of their planning, policy and provision of care. Staff felt comfortable in raising suggestions which would enhance people's lives, for example in improving their home to keep warmer.
- People's equality, diverse and cultural needs were identified, and the support plans described how people wanted to be supported to maintain their safety and well-being.
- Systems were in place to ensure staff were supported and training was kept up to date. Staff told us, they received updates and had opportunities to discuss their work and additional support and training through meetings and supervisions.
- The provider recognised that people did not want to respond to formal surveys and implemented ongoing feedback by discussion with people and their care staff. The registered manager planned to carry out all of these discussions in one month in the future to enable them to analyse and identify themes to help improve the service.
- Staff told us they had regular contact with the management team. They confirmed the on-call provided support and assurance out of hours. Staff had regular face to face meetings where staff felt able to contribute and provide suggestions on how to improve the service. One member of staff told us, "It's a family business, we all work well together, like a family. We have regular meetings to talk about how to improve things."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager understood their roles and responsibilities on monitoring, maintaining and improving the service. They told us about their plans to improve the opportunities for the people using the

service to meet each other and have social events together.

- Systems and processes were in place to continually assess, monitor and review quality and safety. This included regular checks and review of people's care, staff performance and training. Their policies and procedures reflected current legislation and were shared and discussed with the staff.
- The provider had implemented computerised systems to monitor and record daily rotas and people's records. This had contributed to the improvement of the oversight of the service. Where audits had identified issues, the provider's action plans had been completed in a timely way.
- The provider worked in partnership with other professionals and agencies and worked with them to improve people's quality of life.

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; Continuous learning and improving care

- The provider understood their legal responsibilities. They notified CQC about significant events which they are required to tell us. This helps us to monitor the service.
- The provider understood their duty of candour responsibility. They were open, honest and acted on concerns raised by relatives, commissioners and staff.
- The management team had completed their plan of actions to address the areas that needed to be strengthened. They continued to look at all aspects of their service to continue to be vigilant in identifying issues early and learning from these. This showed a commitment in wanting to improve.