Malindi Care Services Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This inspection took place on 19 December 2018 and was announced. Malindi Care Services Limited 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.

There was no previous inspection as the service started operating in November 2016. We did not give a rating to the service as there was a limited number of people that had started to use the service recently. There was not sufficient information about the experiences of enough people using the service over a consistent period of time to give a rating to each of the five questions and an overall rating for the service.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

Staff had been trained to perform their roles in certain areas by the registered manager. However, the registered manager did not hold a qualification to deliver training. Therefore, important updates on certain areas may not have been covered effectively when training was delivered. The registered manager told us that training from external provider would be booked immediately. Staff we spoke to after the inspection confirmed that training had been booked and some had taken place.

Risks had been identified and information had been included on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within and outside the organisation. Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely. Staff told us they had time to provide person centred care. There were systems in place to reduce the risk and spread of infection.

Assessments had been carried out using the Mental Capacity Act 2005 (MCA) principles. The 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 were cared for by staff who felt supported and staff received regular supervisions. People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals if there were concerns about people's health. Staff could identify the signs people gave when they were not feeling well and knew who to report these to. There was a weekly menu in place and people were provided with choices on their meal preference.

People had a positive relationship with staff. Relatives we spoke to told us that staff were caring. People's privacy and dignity were respected by staff. People were involved with making decisions about their care.

Care plans were person centred and detailed people's preferences, interests and support needs. People had access to complaints forms to raise concerns if needed and staff were aware of how to manage complaints.

Staff told us the culture within the service was open and transparent and told us the service was well-led. Relatives and staff were positive about the registered manager. People's feedback was sought from surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe.

Risks had been identified and information included on how to mitigate risks when supporting people.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing levels to ensure people received safe care.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Inspected but not rated

The service was not always effective.

The registered manager delivered some training. However, the registered manager did not hold a qualification to deliver training. Therefore, important updates on certain areas may not have been covered effectively when training was delivered.

People's needs and choices were being assessed effectively to achieve effective outcomes.

Staff felt supported in their role and received regular supervision.

People received choices with mealtimes.

Staff were aware of the principles of the MCA and sought consent from people before doing anything.

Staff knew when people were unwell and who to report this to.

Is the service caring?

Inspected but not rated

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved with making decisions of the care and support they received.

Is the service responsive?

Inspected but not rated

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people had access to complaints form.

Is the service well-led?

Inspected but not rated

The service was well-led.

Quality assurance systems were in place for continuous improvements to be made.

Staff told us the service was well-led and were positive about the management.

People's and relatives feedback was obtained through surveys.

Malindi Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 19 December 2018 and was announced. We gave the provider 48 notice as we wanted to ensure that someone would be available to support us with the inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We made contact with professionals that the service worked with to obtain feedback about the service.

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

After the inspection we spoke to a relative of a person that used the service and two staff members.

Inspected but not rated

Is the service safe?

Our findings

The relative we spoke with told us people were safe. The relative told us, "I can tell how happy [person] is. [Person] always looks forward to going back when [person] comes to stay with me, which means [person] must enjoy it there." A social professional told us, "[Person] appears to be happy in [person] home and is given opportunities to access local community."

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. A safeguarding policy was in place that detailed types of abuse and how to report abuse and safeguard people. A staff member told us, "Safeguarding is about vulnerable adults. If you note abuse, you need to report to the manager. If nothing happens, then we have a number to call, I can also call the social service and CQC."

Assessments were carried out with people to identify risks before they started to use the service. Risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments for cooking and when providing personal care. Risks had been identified and assessments included the risk, level of risk and strategies to mitigate the risks. For example, in one care plan, information included when supporting a person to cook, then they should be supervised by a member of staff to ensure the person cooked in a safe way.

We found that there were no recorded incidents. The registered manager told us that there had been no incidents since people started using the service. The registered manager and staff were aware of what to do if accidents or incidents occurred. There was an incident form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons. This would ensure the risk of re-occurrence was minimised.

Pre-employment checks were carried out to ensure staff that were recruited were suitable to provide care and support to people safely. Staff confirmed that these checks had been carried out. We checked four staff records. Relevant checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

None of the staff we spoke with had concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. A staff member told us, "There is enough staff. We have more staff then we need but we are expecting to get more clients." A relative told us, "There is always staff there 24 hours a day, always someone to look after [person]." We checked the staff rota for the supported living site and records showed that there was a staff member deployed 24 hours a day. The registered manager told us that cover was available should a staff member not be able to attend their shift.

The registered manager told us the service only prompted people to take medicines and did not administer

medicines. Medicines stock levels were audited by the registered manager to ensure people took their medicines on time.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. We asked staff how they minimised the risk of infection and cross contamination. They told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE in a separate bag when completing personal care. They also washed their hands thoroughly. A staff member told us, "We all have PPE. Anything we need, it's there." Infection control audits were also carried out by the registered manager to ensure staff adhered to infection control standards and there was no risk of outbreaks of infection in the supported living site. There was also a cleaning schedule to ensure the supported living site was clean and tidy. A relative told us, "The home is lovely. The kitchen and living area is lovely. [Person] bedroom is great."

Inspected but not rated

Is the service effective?

Our findings

Records showed new staff that had started employment had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. A staff member told us, "Induction was very good."

Records showed that staff had received care certificate training from the registered manager. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. However, the registered manager had not received 'train the trainer' training to ensure they were qualified to deliver training. This meant that there was a risk that staff may not have received up to date and relevant training to ensure people received safe and effective care at all times. The registered manager told us they would ensure staff received training from a qualified person and showed us a schedule of training that staff would be enrolled in.

The registered manager told us that most the staff had been trained in their previous roles and were studying towards NVQ in health and social care. A staff member told us, "I had an induction. I did lot of training recently in my other job so I bought this with me here." Another staff member told us, "I am being supported with level five in NVQ."

After the inspection, the registered manager sent us evidence that assured us staff had enrolled and completed some training by an external training provider. Staff we spoke to confirmed that they had been booked for training. A staff member commented, "[Registered manager] has booked us to some training this month." Another staff member told us, "I have been booked into some training. I have done some training already."

The relative we spoke to told us staff were skilled, knowledgeable and able to provide care and support. The relative commented, "[Person] is well cared for."

Supervision meetings were held between staff and the registered manager to discuss training, client and staff issues. Staff told us that they were supported in their role. A staff member told us, "[Registered manager] is supportive." As staff had not been working at the service for over 12 months, an appraisal had not been completed. However, the registered manager was aware an appraisal would need to be completed for staff that had worked for over 12 months. There was a supervision planner in place to schedule supervisions, which would ensure the registered manager had oversight of supervision meetings and dates.

Pre-assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required, which allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The registered manager told us that they would assess people's needs and choices through regular reviews. We saw reviews took place and objectives were set following the pre-assessments. However, these objectives were not being monitored during reviews. We discussed if people had a key worker that would regularly review people's objectives and goals. A key worker is a staff member that is allocated to a

person to regularly review their needs and supports. The registered manager told us this was not in place at the moment but they would introduce this.

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

Records showed that assessments had been carried out using the MCA principles. Staff asked people for consent before doing anything. A staff member told us, "We always ask for consent and explain what we are doing." Records showed that consent also had been sought from people to receive support and care from the service.

Care plans included the level of support people would require with meals such as if people needed support with cooking. People were given choices by staff and this was also recorded in people's care plans. A weekly menu was in place, that was different to previous weeks and each day a different meal was provided. The registered manager told us that menu was devised with people and they went out with staff to shop for ingredients. A staff member told us, "[Person] choses their own menu and goes out to buy ingredients. We give choices and we encourage healthy eating but in the end it is their choice." A relative told us, "I know [person] goes out shopping a lot with staff."

People's GP details and any community professionals involved in their care had been recorded in their care plans. Staff had awareness of when people did not feel well. Record showed a person had a skin condition on their feet and a chiropodist had been supporting them with this. A staff member told us, "People do have access to healthcare services here. Once I asked if [person] nails was painful and they told me it was and we went to see a [health professional] about this." This meant that people were being supported to ensure they were in the best of health.

Inspected but not rated

Is the service caring?

Our findings

The relative we spoke to told us staff were caring. The relative commented, "Staff there are lovely." Staff told us they had good relationship with people and they ensured positive relations were built. One staff member told us, "I make sure I read their care plans and know their needs before spending time with them. For me, it is about understanding the person and their needs and respecting them."

Where possible, people had been included in making decisions about how best to support them. Care plans had been signed by people to evidence that people agreed with the contents of the care and support they received from the service. A staff member told us, "You can only support somebody if they want support. If they do not make a right decision, we will encourage them but never force anything. We let them live their lives so they remain independent."

Independence was encouraged and care plans showed, where possible, that staff should encourage people to support themselves; people were being encouraged to iron, do the laundry and cook themselves. The registered manager told us they had opened a bank account for a person to enable the person to start managing their finances. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "We always encourage independence like when giving [person] a shower, I ask what they would like to do and what they may need help with. [Person] has improved a lot and now can do a lot of things a lot."

Staff ensured people's privacy and dignity were respected. Staff told us that when providing personal care, it was done in private. A staff member told us, "We always lock the door when giving personal care. We always make sure they are respected with privacy and dignity."

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. We saw that confidential information such as people's care plans and medicines records were stored securely.

People were protected from discrimination. A staff member told us, "Everyone is entitled to be treated with respect and dignity no matter their race, gender or sexual preference." 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 sexuality and all people were to be treated equally. People's religious beliefs and sexual preferences were recorded on their care plan. The relative we spoke with confirmed that their family member was treated equally and had no concerns about the way staff approached the person.

Inspected but not rated

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The relative we spoke with told us that staff were responsive to their family member's needs. The relative also told us, "I have a cousin that goes there [supported living site] and she rings to tell me how happy [person] is." A social professional told us, "They continue to support [person] to maintain existing, and are helping [person] to learn new skills."

Each person had an individual care plan, which contained information about the support they needed from staff. One staff member told us, "Care plans are helpful and you can see what to do and when to do it." There was a personal information sheet, which included people's date of birth, next of kin and address. Care plans detailed the support people would require ensuring people received person centred care. Care plans were individualised and included details of people's family members and details of health and social care professionals. There was a 'Client Care Sheet', which listed the tasks required to support people and staff had to sign this to confirm the tasks had been carried out. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated. Staff told us they looked at people's care plans on how to communicate with people and how to make information accessible. The relative we spoke with had no concerns on how staff communicated with them.

Records showed that no formal complaints had been received by the service. The relative we spoke to told us they had no concerns but knew how to make complaints and were confident this would be addressed. There was a complaints policy and complaints form in place. The registered manager and staff were aware of how to manage complaints.

Records showed that compliments had been received from people and their relatives. Comments included, 'We would like to thank you for the care provided to our [person]', 'Excellent work [staff member] has done to look after [person]' and 'Just to say thank you very much for the care you gave my [person], which was very much appreciated.'

Inspected but not rated

Is the service well-led?

Our findings

The relative we spoke with were positive about the registered manager and the service. The relative told us, "[Registered manager] is really caring. Cares for [person] very well" and "I personally cannot recommend them high enough. I am glad [person] went there." A social professional told us, "I visited their service. [Supported living service] been up and running a year now. Positive visit, evidenced good support, good feedback from service users, relevant paperwork in place. Manager does provide a lot of direct support himself."

Staff told us that they enjoyed working for the service. One staff member told us, "I love working here." Another staff member told us, "Everything is ok. I like the company. I like my job."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "I love working for [registered manager]. I can talk to him about anything. He is a good manager." Another staff member told us, "[Registered manager] is a good manager, he knows how to treat staff."

We have not received notifications or safeguarding concerns about the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

There were systems in place for quality assurance. Records showed that the registered manager reviewed care plans and audited medicines records. Health and safety audits were carried out on fire safety and checking temperatures on fridge and freezers. This was to ensure any issues could be identified and prompt action taken to ensure people received safe care at all times.

People's and relatives feedback was sought through surveys. Surveys included questions on staff approach, choices, quality of care and respect. The results were positive. Comments from one survey included, '[Person] is happy, that's what matters.' The registered manager told us that as they supported a limited number of people and the feedback had been positive so far, the results had not been analysed. However, they told us that as the service expanded, feedback would be analysed from people, to ensure there was a culture of continuous improvement and people always received high quality care. This meant that people's views were sought to make improvements to the quality of the care and support they received.

Meetings were held with people to get their feedback on household and ideas for improvement. Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes of meetings showed staff held discussions on people that used the service and staff concerns. This meant that staff were able to discuss any ideas or areas of improvements, to ensure people received high quality support and care.