Maya Supported Living Limited

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Inspection report

5th floor Hyde Park Hayes 3
11 Millington Road
Hayes
UB3 4AZ

Tel: 07727181808

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21 January 2021
29 January 2021

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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
Maya Supported Living Limited provides a service to eight younger adults with learning disabilities or autistic spectrum disorder some of whom require support to maintain their mental health.

People live across two supported living settings. Five people live in one house and three in another house. In both settings people had their own bedroom and shared communal bathing facilities, a kitchen/dining area, lounge and garden. The provider's office was situated at a separate location registered with the CQC.

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 three people were receiving personal care.

People's experience of using this service and what we found
We found the provider had systems, policies and procedures to ensure the safe management of the service. They undertook monitoring and checks. They had good lines of communication with both people and their relatives.

There were adequate staff to meet people's support needs and staff were provided with training and support to equip them to undertake their caring 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 supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, 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 providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
• Model of care and setting maximises people's choice, control and independence
At the time of the inspection the provider applied the principles and values of right support, right culture and right choice. Care plans reflected people's preferences and staff gave people choices and respected their decisions. The support was offered in a manner which promoted individual supported daily living, social and educational activities. The service promoted independence and people's support focused on them gaining new skills and become more independent.

Right care:
• Care is person-centred and promotes people's dignity, privacy and human Rights
People had person centred care plans. Staff provided person centred care and worked in a manner to maintain people's dignity and privacy. They promoted people's human rights and recognised the importance of supporting people to maintain virtual contact with family members throughout the COVID-19 restrictions.

Right culture:
• Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives
The provider supported people's rights and encouraged people to be part of the local community. They promoted activities and education so people could lead a full and empowered life. Those people who stayed within their home were supported to enjoy activities which were meaningful to them and encouraged to make choices in their everyday life.

Why we inspected
This service was registered with us on 10/11/2018 and this is the first inspection. This service has been rated good.

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively

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.

For more details, please see the full report which is on the CQC 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?

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 safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our safe 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.

Maya Supported Living 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.

This service provides care and support to people living in two '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.

The service had a manager registered with the Care Quality Commission. 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.

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 in the office to support the inspection.

We met the registered manager at the office location on the 19 January 2021 and visited one of the supported living settings on the 21 January. We made calls to relatives and staff on the 29 January 2021.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We reviewed a range of records. This included two people's care records and associated documents and included one person's medicines records. We looked at three staff files in relation to recruitment and staff supervision. In addition, a variety of records relating to the management of the service, including policies and procedures were reviewed.

During our visit to one of the supported living schemes on the 21 January 2020 we spoke with the registered manager, the care co-ordinator and a care worker. We met and spoke with two people who used the service and we undertook a partial inspection of the premises.

After the inspection
Following our site visit we telephoned and spoke with three family members about their experience of the care provided. We also telephoned and spoke with five care workers. We wrote to three health and social care professionals two of whom responded to us. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Good

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 for 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

● The provider had systems and processes in place to safeguard people from abuse. The registered manager reviewed daily notes, medicines administration records and financial transactions to check procedures were being followed. They had an oversight of incidents, accidents and complaints to identify concerns of a safeguarding nature. They visited both services frequently and spoke with people using the service.

●Staff had received safeguarding adults from abuse training and demonstrated to us how they would recognise, and report suspected abuse appropriately. Their comments included, "If you know someone is always smiling and all of a sudden, they are withdrawing, you need to find out why…I would report to my manager. If nothing changes or was done about it, I would report to the CQC," and "If there was an unexplained bruise we ask why or ask if they are quiet, we would talk to them and tell the [Registered Manager].

●Relatives told us they were kept well informed and thought the manager acted to address any concerns they raised. There had been limited visiting throughout the past year due to COVID-19 restrictions but when relatives and advocates had visited, they found family members contented. Their comments included, "Every time I see [Person] they are happy and laughing," and "I think it is really good [Person] is happy in there."

Assessing risk, safety monitoring and management

● The provider assessed to identify risks to people and put measures in place to manage those risks. Assessments completed included the risk from COVID-19 to people, going out into the community which included travel and the support needed to remain safe, risk of financial abuse, communication, personal care and nutrition.

●The provider assessed and put measures in place to minimise the risks to people. For example, to manage one person's mobility and access in a safe manner, the provider had the door frames widened to the person's bedroom, bathroom and front entrance to accommodate their wheelchair. A ramp was also purchased for their use.

●People had a personal emergency evacuation plan in the event of a fire. One evacuation plan was reviewed following our visit and an updated version provided and further measures put in place.

Staffing and recruitment

●The registered manager assessed staffing need to assure there was a safe level of staffing provided to meet people's care needs.

●Staff told us they felt there were enough staff to allow them to support people in a safe and appropriate

manner. When people required two staff for moving and handling this was reflected in the staff rotas to ensure a safe level of staff support. Staff comments included, "There are enough staff for every shift. We have to have a break and other staff will cover us," and "There are enough staff on duty because you know most [People] go to college, but there are always two staff because of [Person's] support needs".

●Relatives comments included, "There are enough staff on shift, there will always be at least two staff"and "I think [Person] has the right amount of staff" and continued to say staff were a specific gender as agreed to meet the person's support needs.

Using medicines safely

●Medicines were administered and stored in a safe manner. We reviewed a sample of medicines administration records (MARs). MARs reviewed were completed without gaps or errors. Two staff members administered and counter signed MARs to avoid errors being made. MARs completion was checked by the registered manager in 'real time' on an electronic system.

● Medicine information and guidance for staff was provided in people's care records with additional information about each medical condition treated by the medicines. Medicines were stored in an appropriate manner individually in a locked cabinet in the person's bedroom.

Preventing and controlling infection

●The provider had an infection control policy and procedures to prevent the spread of infection. Staff received infection control training and training to don, doff and dispose of PPE in a safe manner. There were adequate PPE supplies in the service. These were restocked regularly by the registered manager or the co-ordinator.

●There were reminders for both staff and people using the service about COVID-19, the symptoms and what action to take, and advice about washing their hands effectively. Soap, hand sanitizers and paper towels were placed available for use. Staff undertook a cleaning regime to maintain the cleanliness of the premises. This included the regular cleaning of frequently touched surfaces.

●Some people using the service went out into the community either by themselves or with staff support. They were reminded or supported by staff to wear face masks and remain socially distanced from others and prompted to wash their hands on their return to the service.

Learning lessons when things go wrong

●The registered manager described how they were continually reviewing systems and learnt from near misses or mistakes. They gave us examples of when an issue had been raised by a relative or they realised they needed to change a procedure.

●For example, a relative felt staff's understanding of autism was not to a good standard. The registered manager immediately provided all staff with autism training so they could work more effectively with the person.

●The registered manager described sharing learning from mistakes with the staff team and checked back with staff in supervision to ensure they understood policies and procedures.

Good

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

- The registered manager or one of the management team reviewed referrals to the service and read through professionals' assessments to understand what support might be required. They then met or during COVID-19 restrictions spoke on the telephone, with people and their relatives to identify and assess their care needs before they moved into the accommodation.
- Relatives confirmed assessment visits took place. They told us, "I had a good long meeting before [Person] moved in. All of their needs, likes and food preferences, I told them everything I knew," and "Yes they did an assessment and we went to visit the service."

Staff support: induction, training, skills and experience

- Staff were supported in their role through induction, training and supervision. Staff told us they felt well supported by the registered manager and the training provided. Their comments included, "Actually well supported, we have supervision," and "Lots of training and I feel well supported. Anything I'm not comfortable with or if I feel I need more training I just let [registered manager] know and they take action real quick to provide it."
- Staff received mandatory training in relevant topics such as safeguarding adults, moving and handling, communicating effectively, diversity, health and safety and person-centred care. Staff had also received further training such as autism and dementia care so they could work effectively with people using the service.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's care plans detailed the support they required to eat and drink safely. Some people were diagnosed with dysphagia, a condition when the person has difficulties swallowing any liquid or food and this can lead to choking or aspiration. The speech and language therapist (SALT), had visited to assess and had provided guidance for staff. We saw this guidance was available for staff as a quick reference in the service.
- People's care plans stated if people had a specific diet or dietary preferences. One person was supported to eat meals from their own cultural background as this was their preference. Another person liked specific food only and staff tried to encourage them to try some new meals occasionally to give them greater choice in the future.
- People were supported to plan and if they were able, shop for ingredients with staff support for their meals. Staff encouraged healthy eating where possible but respected people's right to make their own

choices.
●Staff recorded the meals eaten in daily notes and at the SALT's request recorded the fluid intake of one individual. This person was often reluctant to drink enough fluids, so staff encouraged drinks and supported their fluid intake by providing jelly and other foods with a high fluid content.

Staff working with other agencies to provide consistent, effective, timely care
●The registered manager and staff worked closely with health care professionals for the benefit of people in the service. Health care professionals told us staff were well informed about people and records of health-related concerns were kept updated.
●A health care professional and a relative commented they had seen an improvement in one person's health since they had moved to live at the service. This person had the involvement of several health professionals who had supported the staff to implement appropriate care and support. The relative told us they had seen an improvement due to physiotherapy exercises supported by staff and the health professional commented the person, "Looks so much better since joining the home."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA
● The provider was working in line with the MCA 2005. Most people using the service had the capacity to agree to their care and support. When the provider had cause to question people's capacity to consent a mental capacity assessment was undertaken and decisions made in their best interest.
●We saw in people's records mental capacity assessments to assess their ability to consent to care and support, medicines to be administered and management of their finances. Suitable actions were implemented. For example, in both records reviewed the best interest decision about managing finances was for an external body to manage people's finances on their behalf.

Good

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

- Staff respected people's diversity. The registered manager and co-ordinator monitored to ensure staff treated people equally and with respect. We observed staff interactions with people during our visit and their manner was polite and friendly. Service users' care plans and daily notes were written in a respectful manner using appropriate language.
- People we spoke with during our visit told us they were happy at the service and liked their staff. Relatives told us, when they visited, they found their family members settled at the service and stated they looked happy. A health care professional told us during their visit to one of the services, they had seen, "Great communication between a member of staff and client user. Caring, patient and friendly."
- Staff supported a person living at the service who communicated only in their preferred language. The provider ensured staff who spoke their language always worked with them and ensured they were provided with food they were accustomed to and preferred. Prior to COVID-19 restrictions staff supported visits from members of the person's place of worship.

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

- The provider supported people to make decisions about their care. Care plans promoted giving choice, and policies and procedures gave staff guidance to ensure choices were offered.
- For example, there was a transition process, and although this was not always possible to implement during COVID-19 restrictions, they usually implemented this. The aim was to promote choice by giving people a chance to visit their proposed placement over 3 to 4 days and become familiar with other people and staff at the service. This allowed people time to make an informed choice and decide if this was a service, where they wanted to live.
- Staff described to us how they gave people choice and supported their choices daily. One staff member told us, "I respect their decisions. For example, I say to them let's stick to the shopping list we have made, but if they don't agree I respect their choice." We observed during our visit to a service staff offering choices and respecting the person's choice.

Respecting and promoting people's privacy, dignity and independence

- The provider and staff supported people's privacy and dignity and promoted independence. For example, we observed staff knocking on bedroom doors before entering. Staff guidance, such as the support people required to eat was displayed discreetly so people living in the service could not read about other people's support needs.

●People were encouraged to undertake the activities of daily living such as meal preparation and shopping. People had their own individual food cupboards and fridges so they could store their food separately to encourage their independence.

●Staff support for daily living activities was provided according to people's assessed need. Therefore, on occasion through prompts and reminders or staff undertaking the task with people, people were involved in the aspects they could manage. One relative told us, "There is support to be independent, this is a good thing working towards independence."

Good

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

● People had person centred care plans which provided information for staff about how they wanted to be supported. The plans contained some personal history and included who and what was important in their life.

●Care plans contained an, "About me" section which stated people's likes and dislikes and their preferred activities. Care plans contained picture/symbols to support people to engage and understand their plan.

●There was good guidance for staff which detailed how people needed to be supported during personal care and moving and handling. This included the equipment required and best approach. For example, one person was sometimes reluctant to be re positioned, staff had found they responded better to playful interactions and by doing this had greater success with repositioning the person to an alternate position.

●Important activities to maintain people's well-being was stated in care plans. This included for example people's night time routine or need to ensure tomorrows activities were written out clearly so they could reassure and remind themselves what was going to happen the following day.

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.

● There was accessible information available for people using the service. People's care plans detailed how they communicated and understood information. Some people using the service used specific communication methods which included for example, their preferred language or MAKATON, (a language that uses symbols, signs and speech to enable people to communicate). Signs people knew and understood where detailed in their care plan and their own unique way of using some signs.

●People's care plans reminded staff to get people's attention before they spoke with them and give people time to think about what they had been told and to repeat information or rephrase if necessary. Care plans stated what certain behaviours might indicate. This might include for example, the person felt happy, angry or was in pain.

●Written easy read guidance was displayed for those people living in the service who could read. This information was supported with pictures/symbols and included information about COVID-19 and handwashing reminders. Documents such as tenancy agreements were also in an easy read format.

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 using the service were supported to access meaningful activities. People's care plans detailed the activities they enjoyed. Staff supported people to continue their education at colleges and we observed staff support people to use their electronic tablets to join college activities.

●People who remained in the service were supported in activities of their choice, for example, watching a DVD of their choice, arts and crafts, singing and dancing. People were also supported with their activities of daily living. This included, shopping, laundry and preparing meals.

●Staff supported people to remain in contact with family members during the COVID-19 restrictions by use of mobile phone applications (APP) or electronic tablets.

Improving care quality in response to complaints or concerns

●The provider responded to complaints and took action to address concerns. Relatives confirmed when they raised a concern this was responded to by the registered manager. One relative told us, "I ring [registered manager] and they will ring back and contact me straight away…communication with us is excellent."

●There was easy read complaints information displayed to inform people how to complain. In addition, the registered manager visited the services on a frequent basis and spoke with people so they could raise concerns to them should they wish to. Tenants meetings were also held, and people could raise any concerns during these.

End of life care and support

●At the time of our inspection the provider was not offering end of life care. They told us, however, should the need arise they would expect to work closely with the relevant health care professionals and would provide the necessary training for staff.

Good

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

● The registered manager encouraged people to speak up individually and in meetings. They had listened and acted on relatives concerns and criticism. Relatives told us they felt listened to. One relative said for example, "They have been very good at listening to me," and "[Registered manager] lets me know straight away if there are any concerns…will always let me know night or day. Good communication."

●Staff told us they felt well supported by the registered manager and felt they could raise concerns and issues would be dealt with fairly. One staff member commented, "Oh yes, very well supported, [Registered manager] is a good manager, if there is a problem, they would deal with it."

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 demonstrated to us they understood their legal responsibility to be open and honest if something went wrong. They described how they would investigate and share their findings with the relevant bodies. They would make changes to procedures and systems to ensure there would be no reoccurrence.

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

●The registered manager was clear about their leadership role and responsibilities. They monitored and checked to ensure staff were implementing procedures in an appropriate manner. Daily notes, and MARs were checked electronically in "real time" and they undertook reviews of care records and associated documents.

●The provider employed a deputy and co-ordinators who worked alongside staff to oversee the day to day running of the services. They had responsibilities for staff supervision and monitoring and had relevant experience to enable them to model good practice with the staff team.

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

● The registered manager told us they met with people using the service on a frequent basis during the week. At regular tenants' meetings people were encouraged to raise concerns and ideas. The management team and staff used this opportunity to shared information and reinforced house rules for the benefit of all

living at the service.

● The provider sent out a six-monthly survey to formally ascertain people and relatives' views about service provision. Relatives told us communication with the management team was good. Their comments included, "Communication between us was excellent" and "[Registered manager] is so nice, always updated me about what [Person] has been doing."

●The registered manager had virtual meetings with staff in both houses four times each week so any concern could be discussed, and actions identified.

●The registered manager recorded and reviewed information in initial assessments and applications to work for the provider to ensure peoples and staff's equality characteristics were considered.

●The registered manager believed staff should be supported to reach their full potential. They envisaged through experience and training at Maya Supported Living Limited staff would progress through the organisation.

Continuous learning and improving care; Working in partnership with others

● The registered manager had worked in adult social care and felt they had gained valuable experience from their previous roles. They had a relevant qualification for management in adult social care and planned to undertake a further qualification for working with people who had learning disabilities.

●The registered manager told us they had a mentor who played a supportive role, with whom they could learn and reflect on what had gone well and discuss concerns.

●The registered manager attended COVID- 19 meetings with the commissioning health and social care body. They also attended meetings with Public Health England (PHE). They told us, "We learn a lot, we can raise concerns and feedback. We have learnt a lot from the webinar through the PHE."